



The International Journal of
INDIAN PSYCHOLOGY



Person of the Month
Erik Erikson (1902-1994)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
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Ankit P. Patel

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Message from the Desk of Editor

It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we will have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

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The journal gives preference to psychological oriented studies over experimental and mind studies.

The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.

We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the “Scope and Guidelines to Authors” given at the website. Any comments and observations for the improvement of the journal are most welcome.

Prof. Suresh Makvana, PhD¹
Editor in Chief,
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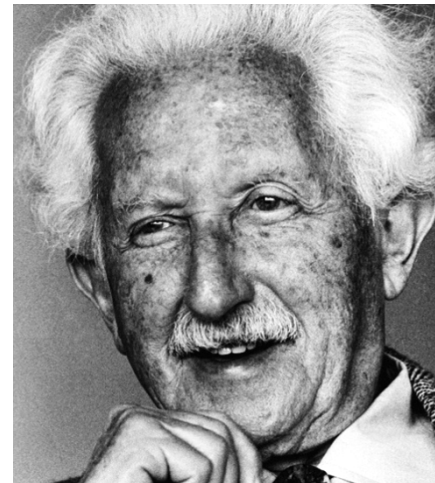
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Person of the Month: Erik Erikson (1902-1994)

Ankit Patel¹

Born	15 June 1902 Frankfurt am Main, Hesse, Germany
Died	12 May 1994 Harwich, Cape Cod, Massachusetts, U.S.
Citizenship	American, German
Known for	Theory on social development
Fields	Developmental psychologist



Erik Homburger Erikson was a German-born American developmental psychologist and psychoanalyst who pioneered in the world of child psychology by giving his development theory with his ‘eight psychosocial stages’. He was born in Frankfurt in unusual circumstances in which his mother did not conceive him through her husband but he never got to know who his biological father was. It is said that the history of his birth is something that triggered the need in him to pursue the concept of identity and it is how he gave the world the psychological term ‘identity crisis’, a major contribution to the world of psychology and psychoanalysis. He grew up in Germany and came in contact with the world of psychoanalysis when he met Sigmund Freud’s daughter Anna Freud. He studied psychoanalysis at the Vienna Psychoanalytic Institute but Nazi invasion of Germany led to his emigration to America. In America, Erikson found a wide scope to practice psychoanalysis on children in Boston and worked at various medical institutes, including the Harvard University and California University. He studied the psychology of children from various social structures, environments, emotional and psychological issues and compiled his observations in the most prominent book of his career, ‘Childhood and Society’. Erikson is also credited with being one of the originators of Ego psychology, which stressed the role of the ego as being more than a servant of the id. According to Erikson, the environment in

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which a child lived was crucial to providing growth, adjustment, a source of self-awareness and identity. Erikson won a Pulitzer Prize and a U.S. National Book Award in category Philosophy and Religion for *Gandhi's Truth* (1969), which focused more on his theory as applied to later phases in the life cycle.

The Erikson life-stage virtue, in order of the eight stages in which they may be acquired, are:

1. Hope, Basic trust vs. basic mistrust
2. Will, Autonomy vs. Shame
3. Purpose, Initiative vs. Guilt
4. Competence, Industry vs. Inferiority
5. Fidelity, Identity vs. Role Confusion
6. Love, Intimacy vs. isolation
7. Care, Generativity vs. stagnation
8. Wisdom, Ego integrity vs. despair
9. Psychosocial Crises

Most Cited works

1. *Childhood and Society* (1950)
2. *Young Man Luther. A Study in Psychoanalysis and History* (1958)
3. *Identity: Youth and Crisis* (1968)
4. *Gandhi's Truth: On the Origin of Militant Nonviolence* (1969)
5. *Adulthood* (edited book, 1978)
6. *Vital Involvement in Old Age* (with J.M. Erikson and H. Kivnick, 1986)
7. *The Life Cycle Completed* (with J.M. Erikson, 1987)

TIMELINE

- **1902:** Erik Erikson was born in Frankfurt, Germany to Karla Abrahamsen and Waldemar Isidor Salomonsen, who was a Jewish stockbroker. He was born to his mother under the circumstances where his mother had not seen his father for several months. He was registered as Erik Salomonsen at birth and there is no information available about his biological father. Shortly after he was born, his mother moved to Karlsruhe to become a nurse and got remarried to a pediatrician, Theodor Homburger.
- **1908:** Erik Salomonsen's name was changed to Erik Homberger.
- **1911:** Erickson was officially adopted by his stepfather, Theodor Homburger and he became Erik Homburger. The story of his birth was kept from him for a long time and he grew up not knowing who his real father was.
- **1930:** Erikson married Joan Serson Erikson and remained married to her until his death. They had 4 children together. His son, Kai T. Erikson is a prominent American sociologist.

Person of the Month: Erik Erikson (1902-1994)

- **1931:** Erikson married Joan Mowat Serson, a Canadian dancer and artist whom Erikson had met at a dress ball. During their marriage Erikson converted to Christianity.
- **1933:** He received his diploma from the Vienna Psychoanalytic Institute. This and his Montessori diploma were to be Erikson's only earned academic credentials for his life's work.
- **1933:** While Erikson was being trained in psychoanalysis, Nazis took over Germany and he had to leave the country. He first moved to Denmark and then emigrated to States where he became the first child psychoanalyst in Boston.
- **1933:** With Hitler's rise to power in Germany, the burning of Freud's books in Berlin and the potential Nazi threat to Austria, the Eriksons left an impoverished Vienna with their two young sons and emigrated to Copenhagen. Unable to regain Danish citizenship because of residence requirements, the Eriksons left for the United States, where citizenship would not be an issue
- **1936:** Erikson joined Harvard University and worked at the Institute of Human Relations, while teaching at the Medical School. Side by side, he was also studying a set of children on a Sioux reservation in South Dakota.
- **1937:** Erikson left Harvard and joined the staff of the California University in 1937. He associated with the Institute of Child Welfare there and opened his private practice. He also devoted his time in studying the children of the Yurok tribe.
- **1939:** He left Yale, and the Eriksons moved to California, where Erik had been invited to join a team engaged in a longitudinal study of child development for the University of California at Berkeley's Institute of Child Welfare.
- **1950:** After publishing the book, *Childhood and Society*, for which he is best known, Erikson left the University of California when California's Levering Act required professors there to sign loyalty oaths.
- **1950:** All of his observations of children of different environments and breeds led to compilation of the most famous book of his psychology career, '*Childhood and Society*' in 1950. The book introduced the world to the concept of 'identity crisis'.
- **1960:** He returned to Harvard as a professor of human development.
- **1960:** He went back to Harvard University and took the position of professor of human development and worked until his retirement and after his formal retirement he wrote on various subjects of psychology along with his wife.
- **1969:** Erikson won a Pulitzer Prize for the contribution in the field of psychology through his writings and a U.S. National Book Award in category Philosophy and Religion for his book '*Gandhi's Truth* (1969)'.
- **1973:** The National Endowment for the Humanities gave an opportunity to Erikson to lecture at the Jefferson Lecture, the United States' highest honor for achievement in the humanities. His lecture was called "Dimensions of a New Identity".

Person of the Month: Erik Erikson (1902-1994)

- **1973:** The National Endowment for the Humanities selected Erikson for the Jefferson Lecture, the United States' highest honor for achievement in the humanities. Erikson's lecture was titled "Dimensions of a New Identity"
- **1994:** Erikson died on May 12, 1994 in Harwich, Massachusetts. He and his wife are buried in the First Congregational Church Cemetery in Harwich.

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The Attitudes of Basic Schools Teachers towards Counseling Services at Khartoum Locality –Sudan

Ayman Mohamed Taha Abdel Aziz^{1*}

ABSTRACT

The aim of this study is to investigate the attitudes of teachers towards counseling services at Khartoum locality, and to determine the differences in these attitudes according to teacher's gender, qualification and experience. The sample of the study consisted of 82 male teachers and 165 female teachers, who have been chosen randomly from Khartoum locality basic schools. A questionnaire was prepared by the researcher as a instrument of the study to collect the data. The study findings showed that the attitudes of teachers towards counseling service are positive. There are no statistically significant differences among teacher's attitudes towards counseling services due to their gender, qualification and experience.

Keywords: *Attitudes, Basic Schools, Counseling Service*

The study of attitudes is one of the important subjects in psychology. The purpose of attitudes is to help people to make sense of the world and decisions, and so they aim to guide our reactions and interpretations of events (Carol: 2006). Attitudes are a psychological tendency that is expressed by evaluating a particular entity with some degree of favor and disfavor. (Eagly and Chaiken :1993).

Liking or disliking something or some situation without any strong reason to justify the liking or disliking. It is actually a combination of things such as personality, beliefs, values, behaviors, and motivation of an individual toward something and or some situation at their disposal. These different attributes will in one way or the other force individuals to act in a certain way towards a circumstance exposed to them all. This could be influenced by the cultural background (beliefs and values) and probably what motivates the particular individual(s) to do what they do (Pickens, 2005).

Teachers are considered one of the fundamental pillars in the educational process ,and the study of their own attitudes significantly affect the educational process .Beside their work in teaching ,

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The Attitudes of Basic Schools Teachers towards Counseling Services at Khartoum Locality –Sudan

their attitudes towards topics related to the educational process influence students positively or negatively ,such as counseling.

The aim of any education system is not only to adopt academic learning but also all round development of students, including cognitive, social, and self –esteem, personality reformulation ect. Exactly which is matching with counseling services. The purpose of counseling is to help clients with problems that may have aspects that are related to emotional suffering or problem behavior (Richard: 2012).

According to Shertzer and Stone (1981), counseling is a social service based on the recognition of an individual's uniqueness, dignity, value and respect, and of the fact that every individual has a right to personal assistance when needed. Guidance and counseling is a professional field which has a broad range of activities and services aimed at assisting individuals to understand themselves, their problems, their school environment and their world (Lunenburg, 2010). Guidance and counseling have also been described as programs of services for individuals based on needs and depending on the influence of the various environments in which they live. It is, at the same time, a broad professional field with a wide range of activities, programs and services geared toward assisting individuals to better understand themselves, their problems, their school environments and their world and to develop adequate capacity for making wise choices and decisions in life(UNESCO.2004)

Students at the schools, like other individuals need psychological counseling as a right. School counseling is very old and historian in many studies and psychological books, What concerns this study is not historically followed, but what it is and its role.

Guidance and counseling in schools have been conceptualized as a program of activities that provide a gateway out of the problems increasingly present in this time of complex scientific, social, economic and technological development (Okobiah & Okorodudu, 2004). Students should be assisted at various levels in their educational development by providing academic counseling. All sorts of students: the gifted and talented, the low achievers, the handicapped and delinquents, should be assisted to plan their educational progress. (Lindhard 1985). The school counselor is supposed to facilitate the optimum development of students, remedy faulty development and prevent shortcomings (Makinde.1984)

The role of counselor at the school is limited to providing developmental and preventive and therapeutic services to students, thus, there is a very important role for school counseling to enhance psychological status for students, so it can step beside educational process. Specially in basic and primary schools, which is considered the first grade in psychological construction. Usually, elementary students' developmental problems would include trying to understand themselves, their peers, family and school. They will be trying to identify what they value. Therefore, the counselors' job would be to resolve, direct and aid students regarding their self image, value, self-assurance and peer's family interactions (Kuhn, 2004). The importance of

The Attitudes of Basic Schools Teachers towards Counseling Services at Khartoum Locality –Sudan

counseling in elementary and basic schools comes from the importance of the stage itself, because of its determinants in shaping the future of personality ,self steam and mental health as a whole.

In Sudan there is no service of school counseling as known ,just there are attempts in special learning, but it is limited .When we make a comparison in regional area as Sudan is an Afro – Arab country , we find that school counseling is existant in the most of Arab schools , and also in African schools .Although there is a government decree calls for existence of school counseling all over Sudanese schools and universities yet , till this moment it has not been activated in a proper .

Statement of problem :

The role of school counseling, specially in primary and basic schools is significant in the education process .Although the teachers know very well what is counseling and its importance theoretically ,through their academic qualifications , they don't find it applying in their career .Teachers attitudes towards counseling have the influence for existence of this service in our schools. These Attitudes can modify according to teachers age, gender and their qualifications.

Significance :

It can be seen that this study is important because it sheds light on teachers attitudes towards school counseling. The results of this study may help the authors of regulations of the ministry of education to activate school counseling as a student's service ,through teachers attitudes .Moreover ,it will access new prospects for additional researches about students attitudes towards counseling or investigate secondary school teachers attitudes.

Hypotheses:

In this study, the hypotheses are determined as follows:

- The attitudes of teacher in basic schools at Khartoum locality towards counseling service are positive.
- There are statistical significant differences between teachers attitudes towards counseling service due to their gender.
- There are statistical significant differences between teachers attitudes towards counseling service due to their academic qualifications.
- There are statistical significant differences between teachers attitudes towards counseling service due to their teaching experience.

METHODOLOGY

Method research approach: In this study the descriptive analytic research technique was used.

The Attitudes of Basic Schools Teachers towards Counseling Services at Khartoum Locality –Sudan

Sample

The study was conducted with 247 teachers in basic schools of Khartoum locality, divided into 82 male and 165 female from different basic schools at Khartoum locality. Teachers and schools have been selected randomly.

Table 1: sample framework on population:

Category of participant	population	sample	Percentage
Male teacher	500	82	16%
Female teacher	2285	165	7.2%
Total	2785	247	8.9%

Instrument:

In this study the researcher prepared questionnaire (45) items, to test of the validity and reliability of the questionnaire form, a form of 40 piloting was conducted. Person correlation was used to test the validity, and the results indicated that the questionnaire was valid, and Alpha was used to investigate the reliability (0.95).

Data analysis :

After gathering data the researcher used statistical analysis represented in one sample test ,two independent sample test and one way anova test.

RESULTS

Here is achievement of the respective hypotheses of the study. These are present in the next subsections one by one:

Hypotheses 1: The attitudes of teacher in basic schools at Khartoum locality towards counseling service are positive, the table below shows that:

Table 2: t test one sample investigating the attitudes of teachers

N	df	mean	Std. Deviation	Test value	t	Sig
247	246	180.47	20.522	129	39.413	0.001

It is noted from the above table, that the significance value 0.001 less than 0.05, indicating the presence of statistically significant, and the mean 180.47 higher than the test value .This makes attitudes of teachers in basic schools at Khartoum locality towards counseling service are Positive.

Hypotheses 2: There are statistical significant differences between teachers attitudes towards counseling service due to their gender.

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Table 3: *t* test two independent sample investigating gender differences

gender	N	mean	Std. deviation	t test	df	Sig
Male	82	178.41	19.213	-1.108	245	0.847
female	165	181.48	21.126			

From the above, it appears that there is no significant differences in teachers attitudes towards counseling service due to gender, with noticing that the mean of males 178.41 and female is 181.48 .

Hypotheses 3: There are statistical significant differences between teachers attitudes towards counseling service due to teachers qualification variable.

Table 4: *one way ANOVA investigating qualification differences*

source	Sum of squares	df	Mean squares	F	Sig
Between groups	687.890	3	229.297	541	0.654
With in groups	102919.6	243	423.537		
total	103607.5	246	*****		

Also there is no differences in attitudes towards counseling services according to teachers qualification, although in questionnaire divided into categories (educational Diploma, secondary school, bachelor and post graduate).

Hypotheses 4: There are statistical significant differences between teachers attitudes towards counseling service due to teachers experience variable.

Table 5: *one way ANOVAs investigating experience differences*

source	Sum of squares	df	Mean squares	F	Sig
Between groups	734.074	3	367.037	0.871	0.420
With in groups	102873.4	243	421.612		
total	103607.5	246	*****		

Also there are no differences in attitudes towards counseling services according to teachers experience, although in questionnaire divided into categories (less than 5 years, from 5 to 10 years and more than 10 years).

DISCUSSION

The study resulted positive attitudes for teachers of basic schools in Khartoum locality towards counseling services. Many studies have reached such a result and proved the positive attitudes of teachers towards counseling service (Valine ,Hatcher 1982, Quarto 1999 and Ahmed 2003) .There were studies conducted to investigate both teachers and students attitudes towards counseling services (Felecia 2011, Joushua, Florence 2014). No doubt the significance of counselor at schools, and counselor role in education ,so teachers very aware by this role, if this awareness comes from their qualification or experience. (Racha 2015) mentioned that Most teachers know some of the roles of the counselor even if they do not have a licensed school counselor in their school or even if they did not have a counselor at all. They identified the job of

The Attitudes of Basic Schools Teachers towards Counseling Services at Khartoum Locality –Sudan

the counselor based on what the counselor does in their schools, and they knew that the counselor is of benefit to the school. Beside, they know how counselor helps them in their job by solving student's problems.

Also, the study finds that there were no differences among teachers attitudes towards counseling services due to their gender, qualification and experience. This result can be interpreted according to importance of counseling at schools, especially at basic schools. According to the gender, it is not a big deal to make a difference in the attitudes of teachers ,because the role of teaching itself ,not considering this difference, just depending on professional status. As for the qualification and experience not influence in the attitudes of teachers towards counseling service ,because in Sudan ,the teachers of basic schools, most of them graduated from university , and few of them graduated from higher school , that indicated , they are highly educated. Also experience not influence in the attitudes of teachers towards counseling service, because they now very well the importance of counseling service ,even they have no experience , and they have a dosage of psychology courses through their academic qualification, and they knew very well the importance of any psychological service in educational process.

RECOMMENDATIONS

1. The Ministry of Education should provide for funds to create the service of counseling in basic schools at Khartoum locality.
2. Counseling should be a fixed service in schools, which will encourage students to seek the counselor's help when they face a problem.
3. The Ministry of Education surveys the views and attitudes of teachers about education issues in general and then work out the implementation

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Quality of Work Life Components: A Literature Review

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ABSTRACT

In the global competitive era Quality of Work Life of employees is important to attract and retain skilled and talented employees. A large number of publications by various authors reflect the interest in this grey area. Reviews of literature on QWL have been done in the past by few authors. However, considering the contributions of QWL in the recent times, a more comprehensive review is attempted here. In this paper, the author has reviewed QWL components literature in a way that would help researchers, academicians and HR executives to take a closer look at the growth, development and applicability of these QWL components. The authors have examined various papers, and have proposed a new set of QWL components to measure the degree of QWL of employees in the changed scenario. They are Work environment, Job satisfaction, Opportunities For Growth And Advancement, Adequate and fair compensation, Emotional Intelligence, Organizational commitment, Organizational culture, Relationship and co operations, Job security, Occupational stress, Leadership styles, Nature of Work, Facilities, Autonomy of work, Employee Attitude, Job Challenges/ Job responsibility, Training and Development, Adequacy of resources.

Keywords: *QWL, Quality of Work Life, Job satisfaction, Emotional Intelligence, Leadership styles.*

The success of any organization is largely depend on the what quality of human resource they have. Today organizations are operating in competitive environment, and drastic technological changes, which in turns affects largely on the employment opportunities', skilled employee requirement, management strategies, management policies and management styles. Amongst employee aspirations drastically changed according to Maslow's Hierarchy of needs. Because of enormous employment opportunities 'employees are willing to change organization to fulfill their higher order needs, this is the one of the major factor hindering organization performance. To survive in the competitive environment organizations need to do root cause analysis to retain

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and attract skilled and talented employees. To achieve this organization need to maintain high level of Quality of Work Life by fulfilling the employee's aspirations. During 70s Walton used following 8 components to quantify QWL they are Adequate and fair compensation, Safe and healthy working conditions, Opportunity for continued growth and security, The social relevance of work life, Total life space, Social integration in the work, Constitutionalism in the work organization, Social integration in the work. Initial management thought employees are working for the money and rewards, based on these components managements measure the level of QWL of employees, as the scenarios changes components of QWL also changes which is evident from the literature. The present paper is an attempt to find the most predominant QWL components for changed scenario.

1. Work environment:

Working environment is a place in which one works. It is a social and professional environment in which employees are supposed to interact with a number of people, and have to work with co-ordination in one or the other way. Safe and healthy working conditions ensure good health, continuity of services, decreased bad labour management relations. A healthy worker registers a high productivity. Employees are cheerful, confident and may prove an invaluable asset to the organization if the working environment is good. It consists of safe physical and mental working situations and determining reasonable working hours, Motivating Environment, Working condition, Time for personal care, Support for self-development, Information's related to work, Own Style and pace of work.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Rani, A. M. (2016), Jain, Y., & Thomas, R. (2016), Nair, P. (2016), Chanana, M., & Gupta, S. K. (2016), Teryima, S. J., Faajir, A., & John, E. (2016), Nanjundeswaraswamy, T & R, D. (2015), Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Arif, S., & Ilyas, M. (2013), Swamy, D. R. (2013), Hajieh Rajabi Farjad (2013), Anwar Abdellah Mejbel, Mahmoud Khalid Almsafir, Rusinah Siron and Ahmad Salih Mheidi Alnaser, (2013), Jerome (2013), Nitesh Sharma and Devendra Singh Verma,(2013), Godina Krishna Mohan & Kota Neela Mani Kanta (2013), Anand Pawar,(2013), Indumathy, R., & Kamalraj, S. (2012), Stephen, A. (2012), Tabassum, A., Rahman, T., & Jahan, K. (2012), Indumathy.R. Kamalraj.S (2012), Bolhari, A., Rezaeean, A., Bolhari, J., Bairamzadeh, S., & Soltan, A. A. (2011), Subrahmanian, M., & Anjani, N. (2010), Besharat, M. A. (2007),G NaslSaraji, H Dargahi (2006), Saklani, D. R. (2004), Kanagalakshmi, L., & Devei, N. B. (2003), Jain Sangeeta (2004), Ellis, N., & Pompli, A. (2002), Wyatt, T. A. & Wah, C. Y. (2001), Harrison (2000), Lau RSM, Bruce EM (1998), Kerce & Booth Kewley(1993), Chander, Subash and Singh, Parampal (1993), Bertrand (1992), Baba, V. V., & Jamal, M. (1991), Sharma, B .R.(1987), Mirvis, P.H. and Lawler, E.E. (1984), Kalra, S. K. and Ghosh S (1984), Stein, (1983), Orpen, (1981), J.R. Hackman and G.R. Oldham (1980), Walton, R. (1973), research identifies that there is positive and significant relationship between Quality of Work Life and work environment.

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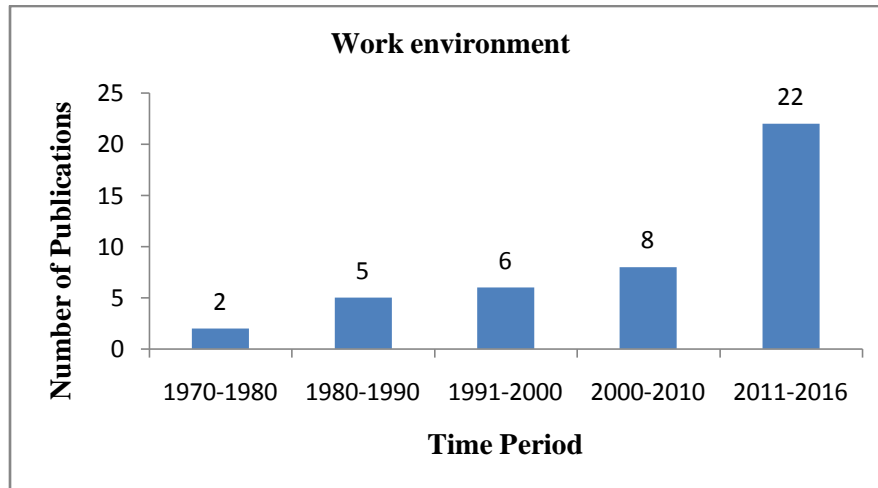


Figure 1. Work Environment Publications

From the available literature it is observed that over a period of time more researchers are concentrating work environment as one of the important components while measuring status of QWL of employees.

2. Job satisfaction:

Job satisfaction is the favorableness or un-favourableness with which employees view their work. Job satisfaction is impacted by job design. Jobs that are rich in constructive behavioural elements such as work autonomy, task variety, identity, work significance and feedback etc contribute to employees' satisfaction. Job satisfaction includes Comfortableness in work, Job security, Productivity, Trade union activity, Compatible satisfied salary, Fair Job rotation, Work freedom.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Etebarian, A., & Yazdi, N. M. (2016), Danaeifar, I., Gharaei, A. M., Hasani, S., Mirzaei, H., & Abangah, A. (2016), Jain, Y., & Thomas, R. (2016), Sawhney, M. M., & Khatri, M. P. (2016), Sukma, N., Haryono, A. T., & Wulan, H. S. (2016), Hamidi, Y., Mohammadi, A., Soltanian, A. R., & Mohammad Fam, I. (2016), Pratama, M. D. (2016), Suresh, B. H. (2016), Suresh, B. H. (2016), Khera, A. (2015), Khanna, S. (2015), Nanjundeswaraswamy, T & R, D. (2015), Rubel, M. R., & Kee, D. M. (2014), Anwar Abdellah Mejbel, Mahmoud Khalid Almsafir, Rusinah Siron and Ahmad Salih Mheidi Alnaser, (2013), Arif, S., & Ilyas, M. (2013), Siddiqui, R. S. & Hasssan, A. (2013), Manhas, C. (2013), Swamy, D. R. (2013), Jerome (2013), Mohammadi, H & Shahrabi, M. (2013), Nitesh Sharma and Devendra Singh Verma(2013), Anand Pawar (2013), Sinha, C. (2012), Tabassum, A., Rahman, T., & Jahan, K (2012), Stephen (2012), Muftah, H. A., & Lafi, H (2011), Abbasi, M., M. Samadzadeh and B. Shahbazzadegan (2011), Normala, Daud (2010), Islam, M. Z., & Siengthai, S (2009), Rethinam, GunaSeelan (2008), Che Rose, Raduan.,Beh, LooSee., Uli, Jegak., and Idris, Khairuddin (2006), Serey, T. T. (2003), Hossain, M. M., &

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Figure 2. Job Satisfaction Publications

From the available literature is observed that over a period of time more researchers are considered Job satisfaction as a one of the important components while measuring status of QWL of employees.

3. Opportunities for Growth and Advancement:

Employee's perceived that internal growth and development opportunities are the most important factor which affect on QWL. Opportunities for growth and advancement indicate how the organizations helps in professional growth and the policies, strategies of organization to support employees.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Rani, A. M. (2016), Chanana, M., & Gupta, S. K. (2016), Teryima, S. J., Faajir, A., & John, E. (2016), Jain, Y., & Thomas, R. (2016), Nanjundeswaraswamy, T & R, D. (2015), Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Nitesh Sharma and Devendra Singh Verma, (2013), Godina Krishna Mohan & Kota Neela Mani Kanta (2013), Jagatheesh, C. G. (2013), Jerome (2013), Indumathy.R. Kamalraj.S (2012), Jaikumar, A & kalaiselvi, K. (2012), Stephen, A. (2012). Bolhari, A., Rezaeean, A., Bolhari, J., Bairamzadeh, S., & Soltan, A. A. (2011), Mehdi Hosseini, Gholamreza Mehdizadeh Jorjatki (2010), Subrahmanian, M., & Anjani, N. (2010), Che Rose, Raduan., Beh, LooSee., Uli, Jegak., and Idris, Khairuddin. (2006), G NaslSaraji, H Dargahi (2006), Sangeeta (2004), Saklani, D. R. (2004), Ellis, N., & Pompli, A. (2002). Wyatt, T. A. & Wah, C. Y. (2001), Lau RSM, Bruce EM (1998). Chander, Subash and Singh, Parampal (1993), Levine, M. F., Taylor, J. C., & Davis, L. E. (1984) Jain Levine, M. F., Taylor, J. C., & Davis, L. E. (1984), Stein, B. A. (1983), Chander

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and Singh, (1983), Orpen (1981) Walton, R. (1973), research discovered that Opportunities For Growth And Advancement has positive association with QWL of employees.

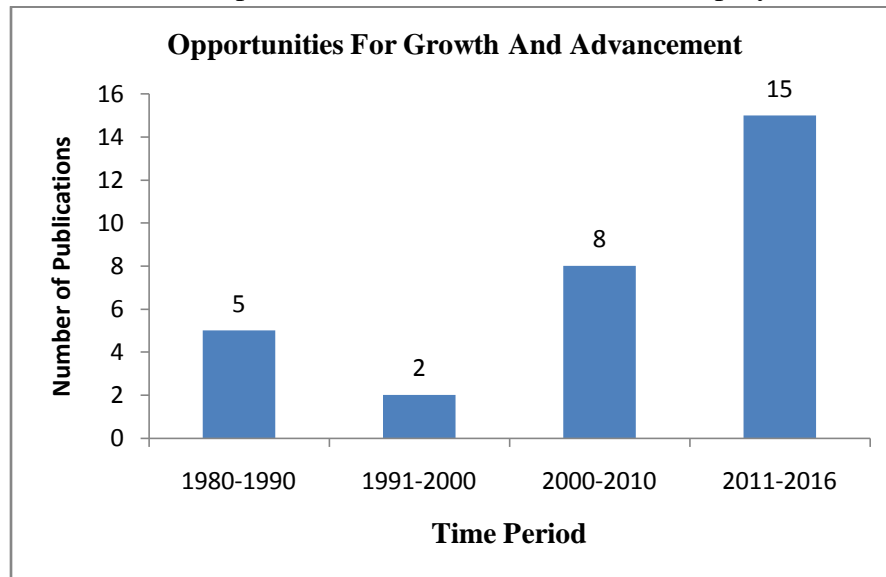


Figure 3. Opportunities For Growth and Advancement Publications

From the existing literature is observed that more researchers are considered opportunities for growth and advancement as a one of the predominant components to measure employees Quality of Work Life.

4. Adequate and fair compensation:

Compensation and rewards are motivational factors. The best performer is given rewards, and this builds the competitions among the employees to work hard and to achieve both organizational and individual goals. The economic interests of employees drive them to work and employee satisfaction is dependent to some extent on the compensation offered. Pay should be fixed on the basis of work done, individual skills, responsibilities undertaken, performance and accomplishments. It includes factors like Fair compensation, Pay based on Responsibility; Performance based salary, Fair promotion, Rewards for good work.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Chanana, M., & Gupta, S. K. (2016), Jain, Y., & Thomas, R. (2016), Mogaddam, A., & Azad, N. (2015), Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Nanjundeswaraswamy, T & R, D. (2015), Rubel, M. R., & Kee, D. M. (2014), Swamy, D. R. (2013), Jerome (2013), Nitesh Sharma and Devendra Singh Verma,(2013), Anand Pawar (2013), Jaikumar, A & kalaiselvi, K. (2012), Stephen, A. (2012), Indumathy.R. Kamalraj.S (2012), Bolhari, A., Rezaeean, A., Bolhari, J., Bairamzadeh, S., & Soltan, A. A. (2011), Meenakshi Gupta, & Parul (2011), Subrahmanian, M., & Anjani, N (2010), Normala, Daud (2010), Mehdi Hosseini, Gholamreza Mehdizadeh Jorjatki (2010), G NaslSaraji, H Dargahi (2006), Saklani, D. R. (2004), David lewis et al (2001), Lau RSM, Bruce EM (1998),

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Chander, Subash and Singh, Parampal (1993), Reid (1992), Mirvis, P.H. and Lawler, E.E. (1984), Chander and Singh, (1983), Stein (1983), Walton, R. (1973) research revealed that adequate and fair compensation has positive association with QWL of employees.

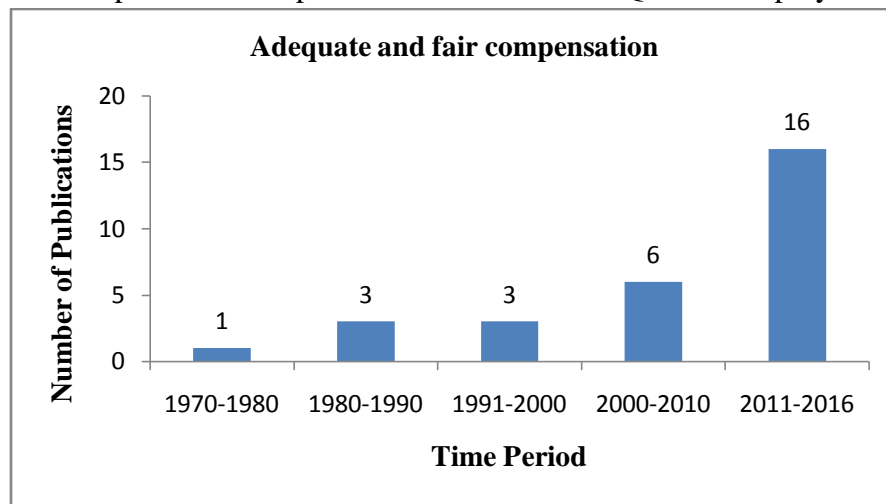


Figure 4. Adequate and Fair Compensation publications

From the Figure 4 it is identified that in many of the study adequate and fair compensation is used as a one of the components to measure the employees Quality of Work Life.

5. Emotional Intelligence:

Emotional Intelligence is a significant issue which is to be considered both in psychology and management so that many managerial problems can be solved. If the employees utilize their Emotional Intelligence in attaining organizational goals, they will afford a pleasant environment for them and their colleagues. Following factors need to be considered while measuring impact of EI on QWL of employees; they are perception, manage own emotion, Utilization, Appraisal and expression of emotions in the self, Appraisal and recognition of emotions in others, Use of emotions to facilitate performance and Regulation of emotions in the self.

Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Srividhya, S. & Sharmila, G. (2014), Sharma, L. N. (2014), Eghtesadi, S. (2013), Rakholiya, N. (2013), Ramazani, A. & Nazarian-Madvani, A. (2013), Ziauddin, M. & Naroei, H. (2013), Siddiqui, R. S. & Hasssan, A. (2013), Abdollahi, B. & Pour-Moazzen, O.,(2013), Manhas, C. (2013), Farahbakhsh, S. (2012), Kalantari, P.; Mohammadi Moghani, H.; Taghibigloo, N. & Honari, H. (2012), Ahmadnejad, M., Hassani, M., Sepehrian Azar, F., & Shojaiee, K., (2012), Karimi, M. (2012), Massah, H. & Samavatyan, H.(2012), Dasgupta, M. & Mukherjee, I. (2011), Kazemi, R. (2011), Yousefi, F. & Safari, H. (2009), Takšić, V. & Mohorić, T. (2006), Slaski, M. & Cartwright, S. (2002) research shows the significant impact of Emotional Intelligence on QWL of employees.

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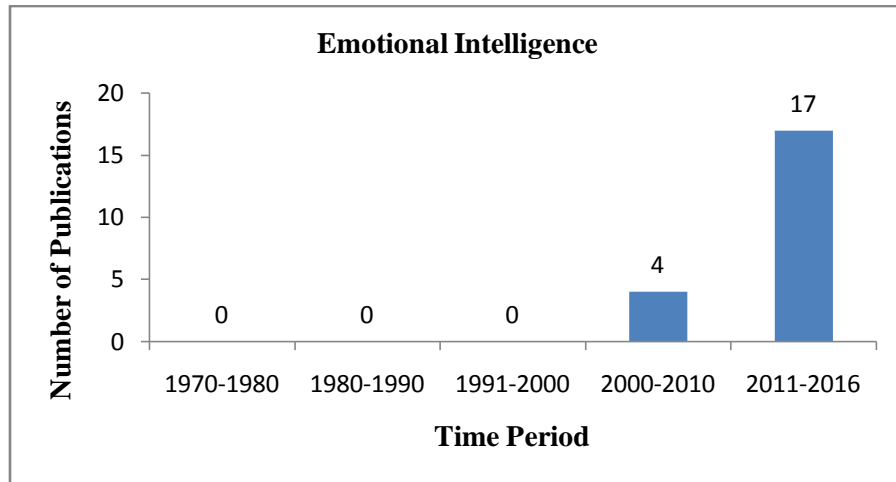


Figure 5. Emotional Intelligence publications

From the figure.5 it is identified that during the 21st century Emotional Intelligence is the one of the predominant factor affects on the employees Quality of Work Life.

6. Organizational commitment:

Organizational commitment is the individual's psychological attachment to the organization. Organizational commitment provides information about the level of commitment that the employees feel towards their organizations. Therefore there are several studies revealing that organizational commitment has a positive impact on the organizational performance and efficiency of the employees which will accordingly lead to the efficiency of the organization.

Danaeifar, I., Gharaei, A. M., Hasani, S., Mirzaei, H., & Abangah, A. (2016), Jain, Y., & Thomas, R. (2016), Eren, H., & Hisar, F. (2016), Ali, A., & Zilli, A. S. (2015), Hadizadetalasaz, Z., Noranisadedin, S., & Shakeri, M. (2015), Barzoki, A. S., & Sarand, V. F (2015), Afsar, S. T. (2014), Esmeili, M., Vahdati, H & Amraei, M. (2014), Anwar Abdellah Mejbél, Mahmoud Khalid Almsafir, Rusinah Siron and Ahmad Salih Mheidi Alnaser, (2013), Massah, H. & Samavatyan, H(2012), Stephen, A. (2012), Abbasi, M., M. Samadzadeh and B. Shahbazzadegan, (2011), Kazemi, R. (2011), G NaslSaraji, H Dargahi (2006), Saklani, D. R. (2004), Ellis, N., & Pompli, A. (2002), Chander, Subash and Singh, Parampal (1993), Baba, V. V., & Jamal, M. (1991), research revealed that Organizational commitment has positive impact on QWL of employees.

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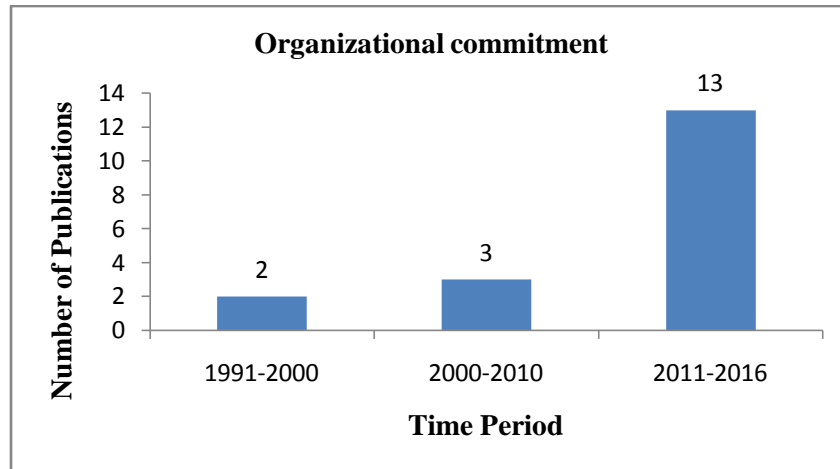


Figure 6. Organizational Commitment publications

Above figure 6 shows that nowadays more number of researcher are considering organizational commitment as a one of the important parameter while quantifying status of QWL of employees.

7. Organizational culture:

Organization culture is a set of properties and organization climate is a collective behaviour of people that are part of an organization values, vision, norms etc. Promotion opportunities, promotion and reward evaluation criteria used are both under the direct control of an organization and subject to the organization's policies. It includes Involvement in decision making, Co-operation from other department, uniformity of wage policies, Gender discrimination, communication, Comments and suggestion, Proud to work.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Sukma, N., Haryono, A. T., & Wulan, H. S. (2016), Hamidi, Y., Mohammadi, A., Soltanian, A. R., & Mohammad Fam, I. (2016), Nanjundeswaraswamy, T & R, D. (2015), Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Harrington, S. J., & Santiago, J. (2015), Swamy, D. R. (2013), Anand Pawar,(2013), Nitesh Sharma and Devendra Singh Verma,(2013), Godina Krishna Mohan & Kota Neela Mani Kanta (2013), Stephen, A. (2012), Ellis, N., & Pompli, A. (2002), Lau RSM, Bruce EM (1998), Levine, M. F., Taylor, J. C., & Davis, L. E. (1984), Sharma, B .R.(1987), Kalra, S. K. and Ghosh S (1984), Chander, Subash and Singh, Parampal (1993), Chander and Singh, (1983), Walton, R. (1973), research revealed that there is a positive significant correlations with Quality of Work Life.

Quality of Work Life Components: A Literature Review

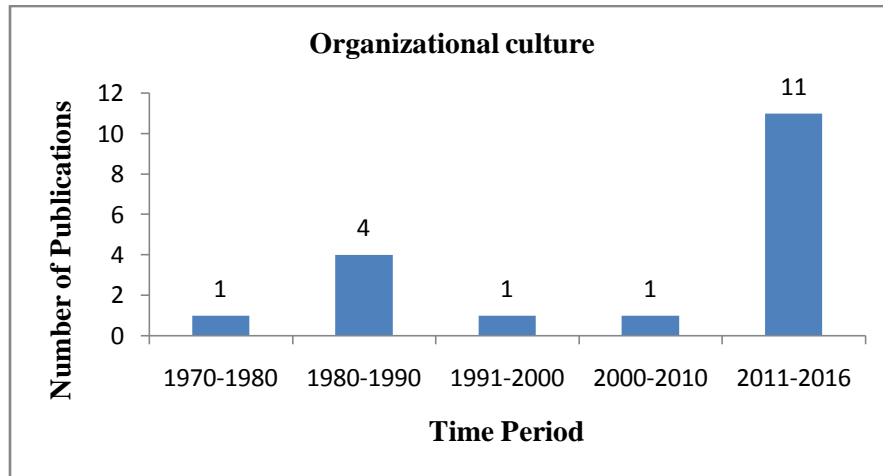


Figure 7. Organizational Culture publications

Figure 7 shows that according to researcher organizational culture is also one of the important drive to enhance the Quality of Work Life of employees.

8. Relationship and co operations:

Relation and co-operation is a communication between management and employees, concerning workplace decision, conflicts and problem resolving. Work and career are typically pursued within the framework of social organization and the nature of personal relationships becomes an important dimension of Quality of Work Life. Acceptance of the workers is based on skills, work related traits, abilities and potential without considering the race, sex, physical appearance, etc. it includes Relationship with colleagues, Belongingness to firms, Work demand stress, Relationship with immediate superior, Relationship between head, Relationship with sub ordinates.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Rani, A. M. (2016), Nanjundeswaraswamy, T & R, D. (2015), Swamy, D. R. (2013), Jerome (2013), Anand Pawar,(2013), Jaikumar, A & kalaiselvi, K. (2012), Tabassum, A., Rahman, T., & Jahan, K. (2012), Bolhari, A., Rezaeean, A., Bolhari, J., Bairamzadeh, S., & Soltan, A. A. (2011), Subrahmanian, M., & Anjani, N. (2010), Normala, Daud (2010), Ellis, N., & Pompili, A. (2002), Wyatt, T. A. & Wah, C. Y. (2001), Lau RSM, Bruce EM (1998), Chander, Subash and Singh, Parampal (1993), Sharma, B .R.(1987), Mirvis, P.H. and Lawler, E.E. (1984), Kalra, S. K. and Ghosh S (1984), Chander and Singh, (1983), Walton, R. (1973) research describe the positive impact of relationship and co operations of employees on QWL.

Quality of Work Life Components: A Literature Review

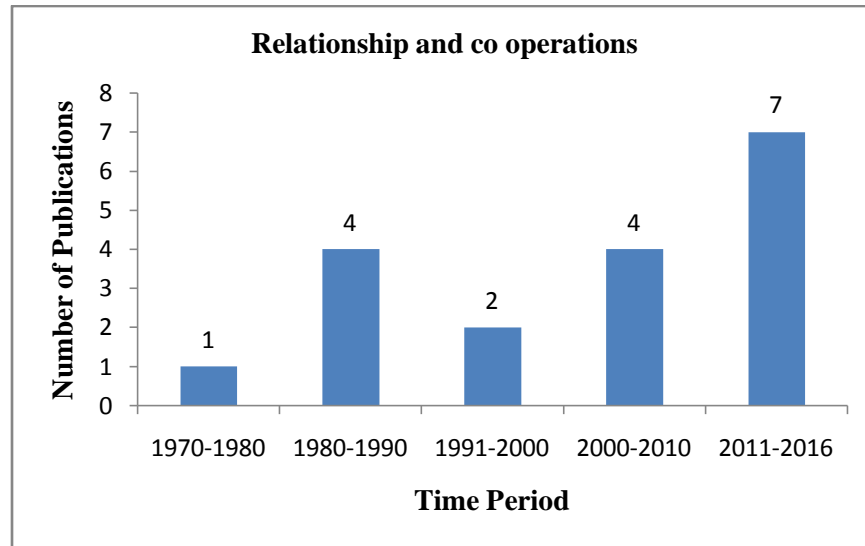


Figure 8. Relationship and Co operations Publications

Above figure 8 illustrate that over a period of time more number of researcher using relationship and co operations as a one of the important factor to quantify the level of QWL of employees.

9. Job security:

Employees want stability of employment and do not like to be the victims of whimsical personal policies and stay at the mercy of employers. Job security is another factor that is of concern to employees. Permanent employment provides security to the employees and improves their QWL.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016), Rani, A. M. (2016), Nanjundeswaraswamy, T & R, D. (2015), Karimi, O., Daraei, M. R., & Farajzadeh, F. (2015), Jagatheesh, C. G. (2013), Stephen, A. (2012), Jaikumar, A & kalaiselvi, K. (2012), Bolhari, A., Rezaeean, A., Bolhari, J., Bairamzadeh, S., & Soltan, A. A. (2011), Che Rose, Raduan.,Beh, LooSee., Uli, Jegak., and Idris, Khairuddin. (2006), G NaslSaraji, H Dargahi (2006), Saklani, D. R. (2004), Lau RSM, Bruce EM (1998), Chander, Subash and Singh, Parampal (1993), Walton, R. (1973)) research revealed that job security has positive association with QWL of employees.

Quality of Work Life Components: A Literature Review

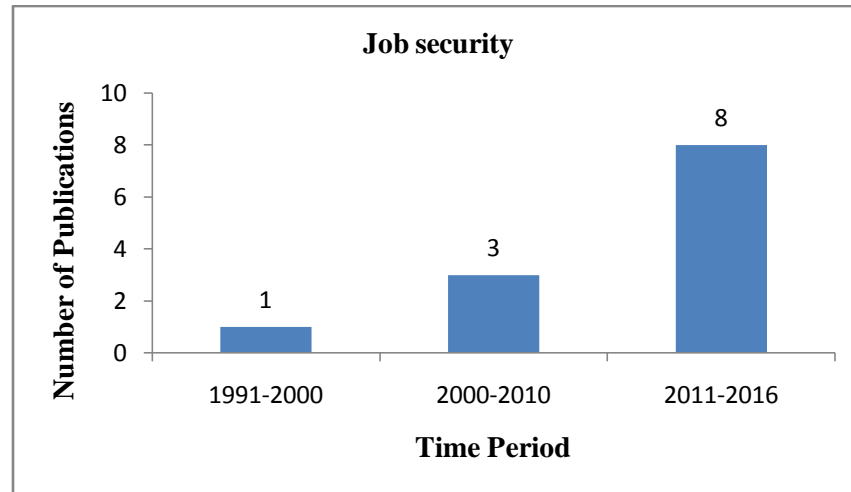


Figure 9. Job Security Publications

Above figure 9 illustrate that over a period of time more number of researcher using Job Security as a one of the important factor to quantify the level of QWL of employees.

10. Occupational Stress

Occupational stress is a pattern of emotional, cognitive, behavioral and physiological reactions to adverse and noxious aspects of work content, work organization and work environment. It includes the factors like Role Ambiguity, Role Conflict, Role Overload, Role Under Load, Work Pace, Repetitive Work, Work Tension.

Teryima, S. J., Faajir, A., & John, E. (2016), Desti Kannaiah, G. Sasikumar (2014), stephen, A. (2012), Indumathy.R. Kamalraj.S(2012), Sinha, C. (2012), Saklani, D. R. (2004), Slaski, M. & Cartwright, S. (2002), Chander, Subash and Singh, Parampal (1993), Baba, V. V., & Jamal, M. (1991), Dhadda, N. (1990), Chander and Singh, (1983), Occupational Stress, has positive association with QWL

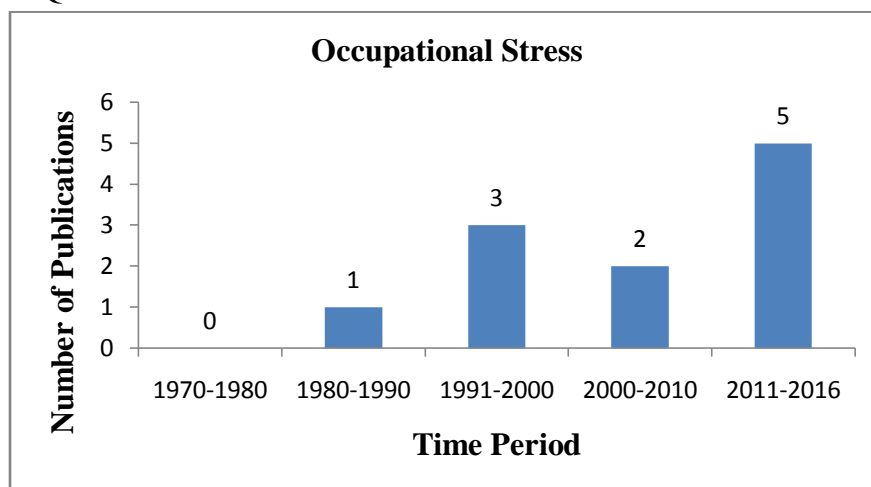


Figure 10. Occupational Stress Publications

Above figure 10 illustrate that over a period of time more number of researcher using Occupational Stress as a one of the important factor to quantify the level of QWL of employees.

11. Leadership styles:

Leadership is a social influence process in which the leader seeks the voluntary participation of subordinates in an effort to reach organization goals. Today's organizations need effective leaders who understand the complexities of the rapidly changing global environment. If the task is highly structured and the leader has good relationship with the employees, effectiveness will be high on the part of the employees. Leadership style affects on the employees QWL based on what types of leadership style his or her superior exhibit, and it includes two types namely Transformational leadership styles, Transactional leadership styles.

Pratama, M. D. (2016), Nanjundeswaraswamy, T & R, D. (2015), Rubel, M. R., & Kee, D. M. (2014), Anand Pawar, (2013), Gillet, N., Fouquereau, E., Bonnaud-Antignac, A., Mokoukolo, R., & Colombat, P. (2013), Normala, Daud (2010), David lewis et al (2001), Chander, Subash and Singh, Parampal (1993), Stein, B. A. (1983), Chander and Singh, (1983) research shows leadership styles has an significant impact on QWL of employees

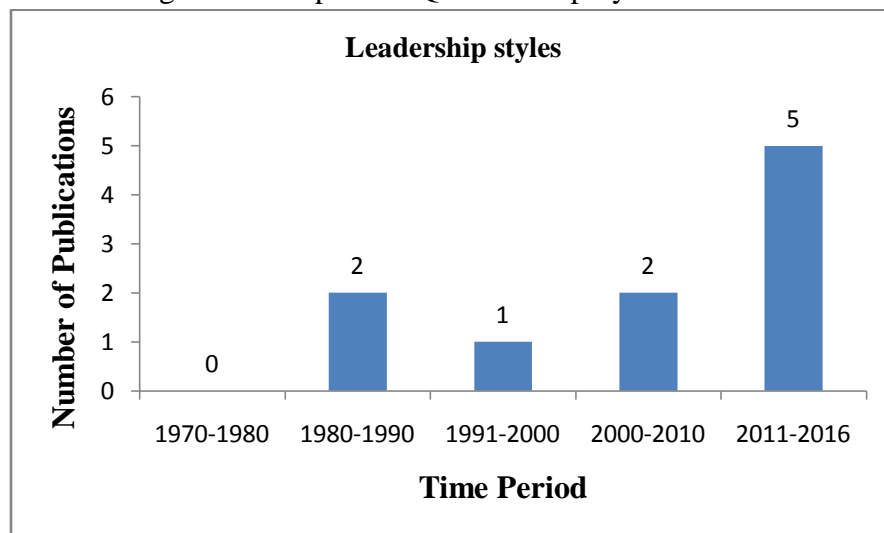


Figure 11. Leadership Styles Publications

Above figure 11 illustrate that over a period of time more number of researcher using leadership styles of superior as a one of the important factor to quantify the level of QWL of employees.

12. Nature of Work:

Nature of work means the type of work he/she does. It is the daily tasks that he carries out as a part of his/her job it includes monotonous work, work which leads physical strain, work which leads mental work.

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Teryima, S. J., Faajir, A., & John, E. (2016), Nanjundeswaraswamy, T & R, D. (2015), Stephen, A. (2012), Indumathy.R. Kamalraj.S (2012), Subrahmanian, M., & Anjani, N. (2010), Oomens et al. (2007), Saklani, D. R. (2004), Wyatt, T. A. & Wah, C. Y. (2001), Chander, Subash and Singh, Parampal (1993), Walton, R. (1973) study identified the relationship between nature of work and QWL of employees.

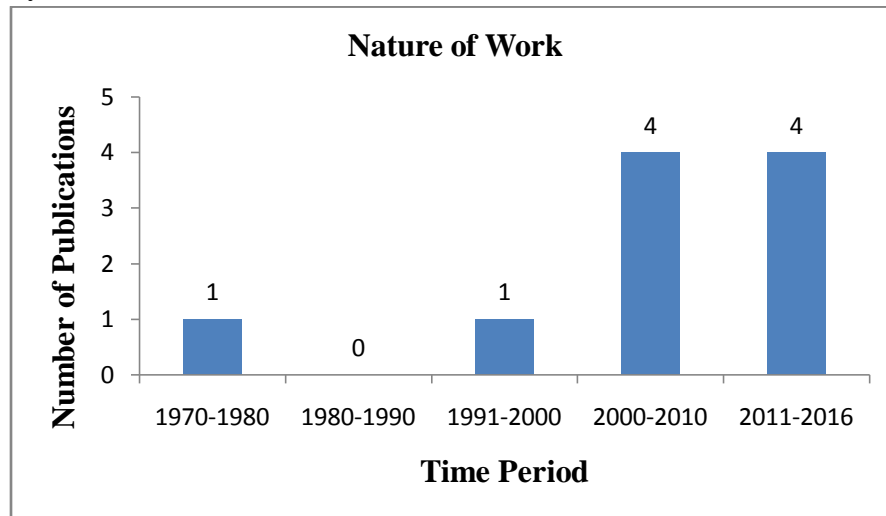


Figure 12. Nature of work Publications

13. Facilities:

Facilities play major role in actualization of the goals and objectives by satisfying both the physical and emotional needs of the employees. Facilities include food service, transportation, security, etc. Many employers have found it beneficial to allow alternate work arrangements for their employees. This is one method to increase employee productivity and morale. The alternate work arrangements to the employees include flexible working hours, shorter or no commute, and secure working environment. It includes Fringe benefits, Social security, Transportation, Safety measures, Welfare activity.

Nanjundeswaraswamy, T & R, D. (2015), Swamy, D. R. (2013), Stephen, A. (2012), Jaikumar, A & kalaiselvi, K. (2012), Subrahmanian, M., & Anjani, N. (2010), G NaslSaraji, H Dargahi (2006), Saklani, D. R. (2004), Chander, Subash and Singh, Parampal (1993) study argued that facilities provided to the employees has positive impact on QWL

Quality of Work Life Components: A Literature Review

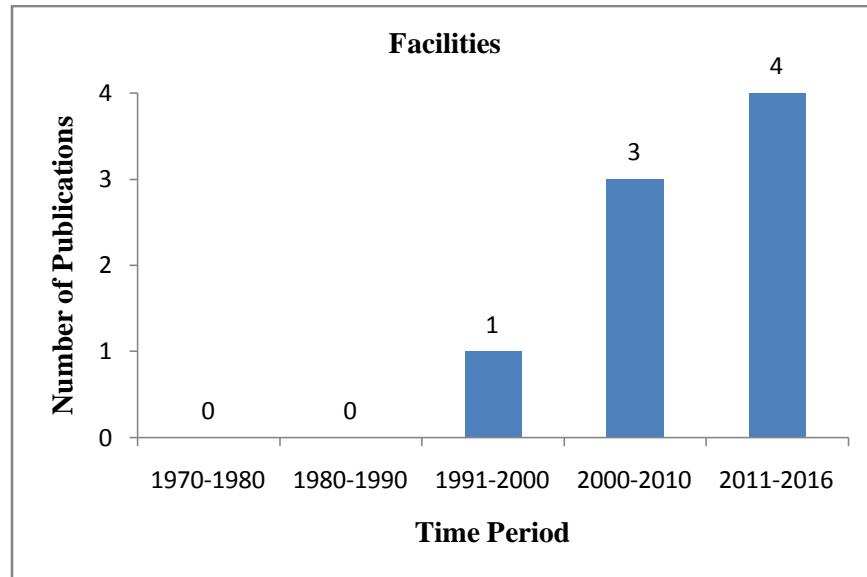


Figure 13. Facilities Publications

14. Autonomy of work:

In autonomous work groups, employees are given the freedom of decision making. Workers themselves plan, co-ordinate and control, work related activities. It includes different opportunities for personnel such as independency at work and having the authority to access the related information for their task, Ability to work, Flexible time, Homework, Job stress, Additional responsibility, balanced objectives and facilities.

Nanjundeswaraswamy, T & R, D. (2015), Mogaddam, A., & Azad, N. (2015), Swamy, D. R. (2013), Indumathy.R. Kamalraj.S(2012), G NaslSaraji, H Dargahi (2006), Chander, Subash and Singh, Parampal (1993), Stein, B. A. (1983), Chander and Singh, (1983) study shows that autonomy of work has positive association with QWL.

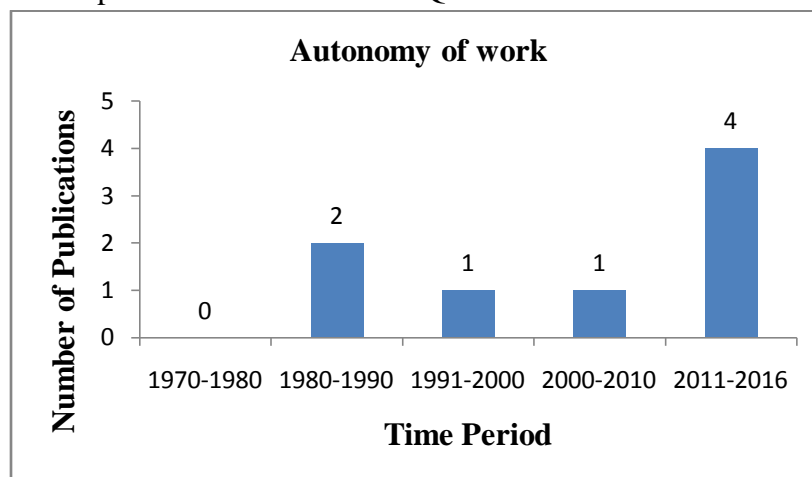


Figure 14. Autonomy of work Publications

15. Employee Attitude:

The attitudes of employees in the workplace can have a significant effect on the business as a whole. Attitude is one of the hidden, hard-to-measure factors that ends up being crucial to the success of a company. Whether for better or for worse, employee attitudes tend to have a drastic impact on the productivity of a business, both directly and through the effect on other job-related factors. Based on their attitudes toward work, employees feel more or less committed to the job. It should include following factors, Creativity, Satisfaction, relationship with Senior Management, Interpersonal Relations, Functional Expertise, Ability to Listening, Communication, Analytical Thinking, Mentoring, Teamwork, Adaptability, and Leadership styles.

Teryima, S. J., Faajir, A., & John, E. (2016), Sunmista, K. J., & Rajeswari, K. (2016), Indumathy.R. Kamalraj.S(2012), Saklani, D. R. (2004), Wyatt, T. A. & Wah, C. Y. (2001), Hoque, E. M., & Rahman, A. (1999), Chander, Subash and Singh, Parampal (1993), employee attitude has positive association with QWL

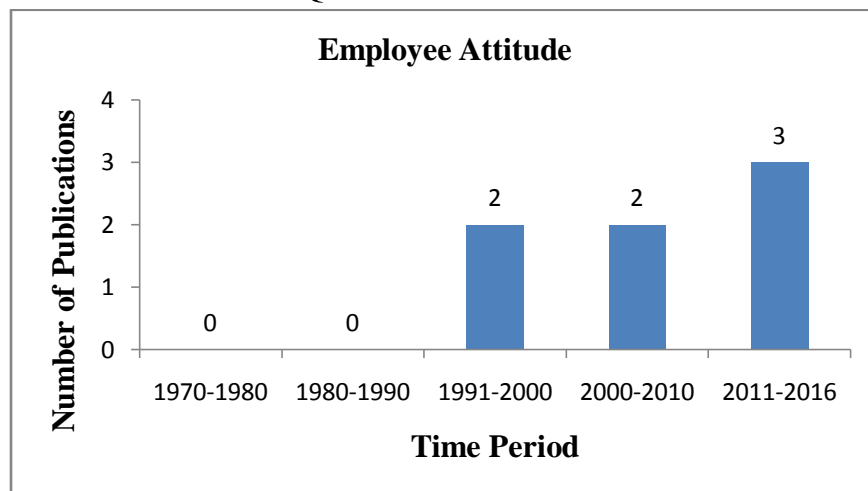


Figure 15. Employee Attitude Publications

16. Job Challenges/ Job responsibility:

Job challenges and responsibility includes the type of the work he/she is doing, what level of responsibility has been assigned.

Teryima, S. J., Faajir, A., & John, E. (2016), Mogaddam, A., & Azad, N. (2015), Stephen, A. (2012), G NaslSaraji, H Dargahi (2006), Saklani, D. R. (2004), Chander, Subash and Singh, Parampal (1993), Levine, M. F., Taylor, J. C., & Davis, L. E. (1984), Chander and Singh, (1983), study show the association between Job Challenges/ Job responsibilities with QWL

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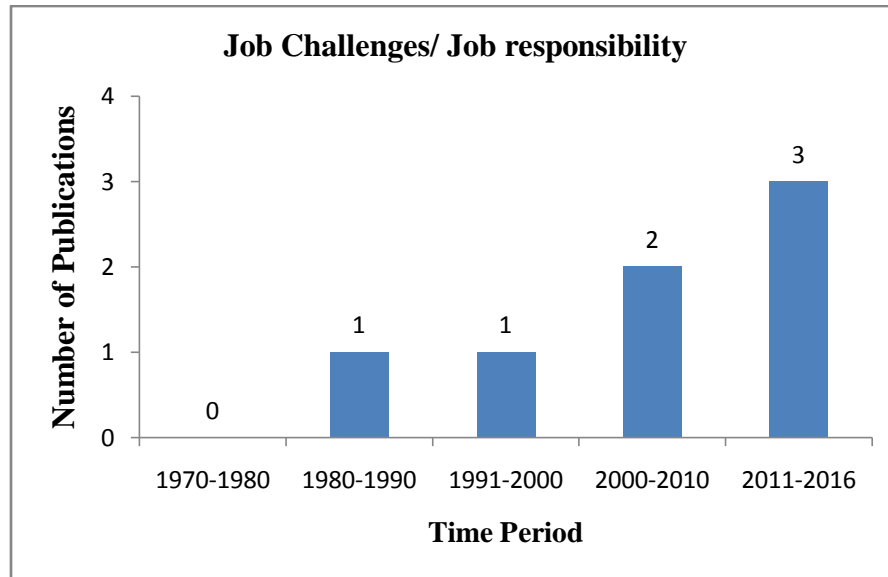


Figure 16. Job Challenges / Job responsibility Publications

17. Training and Development:

Training and development is an organizational activity aimed at bettering the performance of individual and groups. QWL is ensured by the opportunities provided by the job for the development of the employees and encouragement given by the management to perform the job, having good conditions to increase personal empowerment and skills. It includes Objective of training program, Effectiveness of training, Training regarding interpersonal skills, Sufficiency of training program, Frequency of training program.

Nanjundeswaraswamy, T & R, D. (2015). Swamy, D. R. (2013), G NaslSaraji, H Dargahi (2006), Lau RSM, Bruce EM (1998) Chander, Subash and Singh, Parampal (1993), Chander and Singh, (1983), Training and development has positive impact on QWL

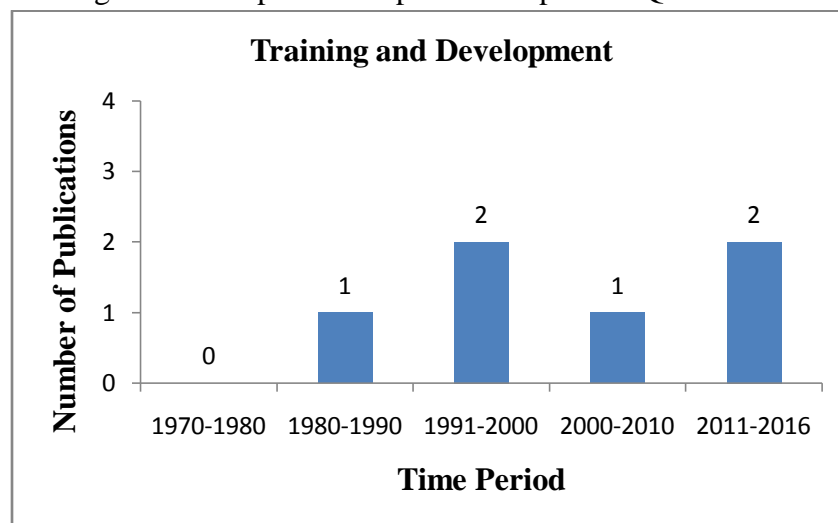


Figure 17. Training Development Publications

18. Adequacy of resources:

Resources should match with stated objectives, otherwise, workforce will not be competent to achieve the predefined objectives. This results in employee dissatisfaction and lower QWL. According to Chelte, adequacy of resources has to do with enough time and equipment, adequate information and help to complete assignments. It includes Communication channel, Facilities, Communication system in the firm.

Maghaminejad, F., & Adib-Hajbaghery, M. (2016). Nanjundeswaraswamy, T & R, D. (2015). Swamy, D. R. (2013) Anand Pawar,(2013),Chander, Subash and Singh, Parampal (1993), has positively associated with QWL

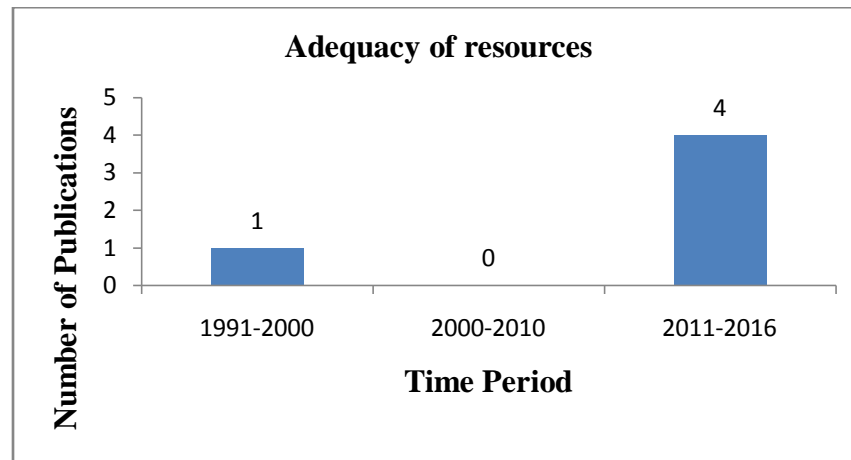


Figure 18. Adequacy of resources Publications

CONCLUSION

QWL is a dynamic multidimensional constructs that include reward systems, training, career advancements opportunities, participation in decision making, employment conditions, employment security, income adequacy, profit sharing, equity and other rewards, employee autonomy, employee commitment, social interaction, self esteem, self expression, democracy, employee satisfaction, employee involvement, advancement, relations with supervisors and peers and job enrichment. Job satisfaction, job involvement, motivation, productivity, health, safety and well-being, job security, competence development and balance between work and non-work life. Each researcher used different components to measure the Quality of Work Life of employees in their study. By considering the available literature based on the frequency of usage of the components by different researcher and changed situation in labor market, following eighteen components are most predominant components that address the QWL of employees. They are Work environment, Job satisfaction, Opportunities For Growth And Advancement, Adequate and fair compensation, Emotional Intelligence, Organizational commitment, Organizational culture, Relationship and co operations, Job security, Occupational stress, Leadership styles, Nature of Work, Facilities, Autonomy of work, Employee Attitude, Job Challenges/ Job responsibility, Training and Development , Adequacy of resources.

Quality of Work Life Components: A Literature Review

Table 1. Predominant Quality of Work Life Components

SI No	Components	Number of Publications
1	Work environment	43
2	Job satisfaction	39
3	Opportunities For Growth And Advancement	31
4	Adequate and fair compensation	29
5	Emotional Intelligence	21
6	Organizational commitment	18
7	Organizational culture	18
8	Relationship and co operations	18
9	Job security	13
10	Occupational stress	11
11	Leadership styles	10
12	Nature of Work	10
13	Facilities	8
14	Autonomy of work	8
15	Employee Attitude	7
16	Job Challenges/ Job responsibility	7
17	Training and Development	6
18	Adequacy of resources	5

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Conflict of Interests

The author declared no conflict of interests.

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Training and Productivity of Job, Effectiveness of Stress Management on Stress Reduction Index, A Randomized Clinical Trial

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ABSTRACT

Introduction: perhaps it was unlikely to imagine the outbreak of insufficient psychological sequences in a few decades ago. A new form of psychic sequences has appeared due to industrialism and market competition. The current study was used with the aim of analysis the effectiveness of stress management to the teachers stress. **Methods:** in a semi-experimental layout in format of random clinical trial, 163 teachers were selected according to the entrance and departure criterion, among all teachers during 91-92 academic year, primary school, Sheshtmand province. After screening, based on stress criterion, 40 subjects with highest rank were selected according to the assumption threshold of tow standard deviation lower than the average and randomly assigned, using EXCEL, in format of two groups; Examinees group and controlling group (each group consists of 20 subjects). Stress management protocol was submitted to the examinees group for 10 weekly sessions. Job stress (response 94%) applied 2 times. The data was analyzed by *Univariate Analysis of Covariance* (ANCOVA). **Results:** results showed that teaching stress management has a significant impact on reducing the teachers stress criteria than control group ($p < 0.05$). **Conclusion:** research results indicate the efficiency of stress management teaching on modifying the psychological index. These accomplishments can lead to a promising perspective in field of education, and planning prevention programs to increase the effectiveness of practical training.

Keywords: *Stress Management, Primary School Teachers, Teaching Stress, Clinical Trial*

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We are witnessing nowadays emerging phenomena which are the result of growth of societies in format of modernity. Perhaps it was unlikely to imagine the outbreak of insufficient psychological sequences because of job performances, in a few decades ago. A new form of psychic consequences appeared due to industrialism and market competition.

Stress and psychological distress have drowned researchers' attention as the index of damaging and reducing job performances. Employment is considered as a factor of stressful situation. Stress is a common phenomenon in teaching field and they have reported an amount of stress in different grades and different periods. (Caballero, 2009).

Job stress has great impact on job efficiency as mediator index in format of hidden component. Job stress contains annoying emotional responses in format of disproportion between demands and job requirements toward talents or staff resources (Vafaii, 2001). Job stress can reflect in efficiency reduction, motivations and talents, besides, large amount of that can lead employees to quit their job. Job stress can be the reason of anxiety disorders. Here, role of stress in expressing mood disorders is considered (Mahboub, 2011). Also personal experiments of facing inconsistent, conflict-provoking demands, lack of information or failure of duties are causes of job stress (Duraisingam, 2009). According to the researches in different countries, teaching is one of the stressful professions in the world, and one third of the teachers believe that teaching is truly stressful. Stress can decrease teaching qualities in two ways; first, if the teacher finds it hard to teach for a long term, it may reduce their satisfaction to continue their job and discourages them. Second, stress may probably decrease the quality of the standards in the classroom (Kyriacou, 2001).

Teachers stress can have several contexts. Stressful reasons like teaching unmotivated students, lack of time, difficulty of controlling bad-behavior students, difficulty of interoperability with parents and failure of motivation (Antoniou et al, 2006), difficulties related to the classroom structure, classroom disharmony (Forlin, 2001), atmosphere of an irresponsible formation, and failure to understand the problems from authorities of the training organization. The above mentioned can appear as physical symptoms like headache, ulcer, chronic pain, nervousness, low efficient feelings and depression in the teachers. Although, the cognitive beliefs of teachers are really effective. Teachers with insufficient beliefs are less tolerated and more vulnerable to face the stress (Jesus and Conboy, 2001).

From the point of view of educational nature, the issue of stress management training is not to encourage subjects to omit stress from their life. As Sile motions, life would be exhausting and boring without challenges and stressful situations. Accordingly, the aim of stress management is to aware of the nature and effectiveness of stress, and guide them to benefit from the

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intrapersonal and interpersonal skills (Miknam, 1997). Sile has entitled the individual efforts of controlling the demands beyond the resources as Opposition.

Stress management methods are codified with the aim of teaching subjects how to prevent, reduce, cope with, and adopting the stress (Kyriacou, 2001). Regarding, teachers stress can negatively affect the level of adjustment and students learning as an environmental factor. Teachers stress seeks low efficiency of classroom management, less students' involvement, and student negative emotions (Chan, 2002).

As stated, interfering on teachers level, and the attempt of decreasing their stress, thereupon, increasing the learning amount of the group work, and improving the environment of learning, is some of the difficulties in framework of education (Asgharnezhad, 2005). According the above discussion, and concerning teachers mental health as an influencing population in the process of training the new generations, we analyze the influence of stress management training to reduce the teachers stress.

METHODS

The current research is semi-experimental and performed in the format of a Randomized Clinical Trial. The statistical population is consists of all teachers (male, female) employed in primary schools in Sheshtmand province, during academic year 1391-92, containing 163 subjects (73 male, 90 female). The mentioned population was screened to distinguish the anxious subjects. 40 subjects with the highest rank were selected according 2 lower average standard deviations from the expectation value, and assigned randomly in two groups of examinees and controlling groups (each containing 20 examinees). The criterion of the research consists of age range of 25 to 55, and graduated subjects with at least higher diploma. Stress management training protocol offered to group of examinees for 10 weekly sessions. The examinees of controlling group were placed in waiting list. Job stress questionnaire fulfilled in pre-test and post-test. In order to incorporate the moral principles, examinees of the controlling group were offered 5 weekly sessions of stress management group work.

Ethical Principles

In this study, the informed consent was obtained without coercion, threat, enticement and seduction and their decision to refuse or accept to participate in the study were respected. It was also tried that the research methods do not contradict with the religious and cultural principles of the participants and the participants were respected in all stages of design, implementation and reporting in terms of human dignity, respect and protection of their physical and mental integrity.

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Research Instruments

Job stress questionnaire (HSE): the questionnaire is prepared to examine the stress related to the job. The questionnaire has been evaluated by different methods. After reviewing the content, in order to review the structure, the following applied simultaneously and in sequence: survey explanatory and confirmatory factors, Pearson correlation coefficient, Cronbach's *alpha*. SPSS 15 and Amos 16 used to analyze the data. Accomplishments are as follow: the GHQ and HSE correlation coefficient is $r=0.48$, Also the results indicate an strong correlation between the extracted factors of factor analysis and HSE questionnaire items. Range of role, relation, support of authorities, support of partners, monitoring, demands, variations are in sequence (0.92, 0.73, 0.75, 0.63, 0.87, 0.85, 0.22). The questionnaire reliability was 0.78 and 0.65, applying Cronbach's *alpha* and half split methods. The HSE questionnaire is valid to analyze the job stress (Marzabadi, 2009).

RESULTS

According the research layout, the interfering clinical, using pre-test and post-test, and existence of job stress dependent variable of interval scale, applied to analyze *Univariate Analysis of Covariance* (ANCOVA). Also, the assumptions of the test like normal distribution and equality of variance, authenticated before analysis.

Normal distribution of variance

In order to survey the normality of the variables, KS (Kolmogorov Smirnov) applied. According to the results, it is deducted that job stress distribution of variance is normal ($p>0.127$).

Mean and standard deviation of the research variable

The Mean and standard deviation during pre-test and post-test are in the Table

Table 1: Mean and standard deviation of Stress

Index	group	process	Mean and SD
Stress	EXP	pre-test	10.51(1.74)
		post-test	9.83(1.42)*
	Control	pre-test	10.22(1.95)
		post-test	11.13(1.22)

As you see, there is a significant difference of stress index between numbers of pre-test and post-test of stress index in experimental group.

Equality of Variances

One of the preconditions to apply the covariance statistical analysis is non-significance of Levene static about examines index, Results are in table 2:

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Table 2: Levene Test for Equality of Variances

group	Leven	significance
EXP	0.614	0.215
Control	0.429	0.273

According to table 2, computing the Levene statistic, to analyze the Equality of Variances, conveys the insignificant of the index.

Univariate Analysis *of* Covariance (ANCOVA)

In the table 3 *Univariate Analysis of Covariance* four stress variance is proposed.

Table 3: Univariate Analysis of Covariance for stress

Index	SS	df	MS	F	p-value	Eta
Stress	2227.80	1	2227.80	14.64	0.05	0.58

As mentioned, dependent variable has a meaningful effect on stress variable. ($p < 0.05$)

DISCUSSION AND CONCLUSION

The aim of the current study issues evaluating the efficiency of stress management on employed teachers' index. The accomplishments show that teachers in training courses (examinees group) have lower stress than the teachers in the controlling group, in post-test training. In this regard and parallel to the research accomplishments, former researches (Kyriacou, 2001; Dunham and Varma, 1998) indicated that holding training courses, despite of the favor of stress management to lower the amount of teachers job stress, sources and psychological signs were effected and leaded to improve the efficiency. Research accomplishments approve the studies. Although. The study is merely valid for the proper training courses to proper jobs. The training courses should be proportionated to the jobs. Generally, trainees are trained how to control their emotions and anxiety, and also are trained how to relax, so that they become able to cope with the hardships. Results of the research showed that the training courses were efficient to decrease the stress of employees (teachers). Conclusion of the current research is paralleled to the former research accomplishments (Mahboub, 2011; Taheri et al, 2006). On the other hand some aspects of the stress can cause more desirable efficiency. Without any stress it would be boring for the employees. Enforcing stressful situations improves the efficiency, and employees are ready to cope with the challenges mentally and psychologically. Extreme the optimal level increases the demand of abilities and the efficiency decreases. The current study is aimed to analyze the effectiveness of the training courses on the index of teachers stress. Accomplishments conveyed that the mentioned training course led to modification of the stress amount of the samples. These accomplishments can be useful to plan trial programs in the field of education.

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Conflict of Interests

The author declared no conflict of interests.

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To Associate Between Social Adaptive Behavior and Socio Demographic Variables among Children with Chronic Illness

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ABSTRACT

Back Ground: Chronic Illness is disorders or diseases that compromise well-being, either temporarily or chronically. These conditions are risk factors for Social behavior problem. Analyzing the prevalence of Social behavior problems of children with chronic illness and identifying related risk factors is of theoretical and practical relevance. It helps to understand psychosocial consequences of chronic diseases and provides valuable information for clinicians regarding who should be screened for what kind of problems. There are various factors that influence the social adaptive behavior of the child with chronic illness. Identification of association of demographic variable shall provide the underlying associated causes for such behavioral problem. **Aim and Objective:** This study analyses the association of socio-demographic factors and social adaptive behavior problems of pediatrics with chronic illness. **Samples and Methods:** The study was carried out in 90 pediatric patients in MMM hospital between age group 1 to 6 years. The samples were selected through convenient sampling technique. The Tool used for data collection and assessment of social maturity level is Semi structured questionnaire which include. **Section A:** Socio demographic profile and **Section B:** The Child Behavior Checklist (CBCL) A parent-report questionnaire. **Result:** The association between the social adaptive behavior problems and demographic variables using chi square test reveals that socio demographic variables such as economic factors and medical condition have significant association with the behavior of the child. **Conclusion:** The preliminary study concludes the association between the socio demographic factors and behavior. This particularly emphasizes on multidimensional assessment and treatment.

Keywords: Chronic illness, Behavior, Pediatrics, Neuropsychological rehabilitation

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To Associate Between Social Adaptive Behavior and Socio Demographic Variables among Children with Chronic Illness

Chronic Illness is disorders or diseases that compromise physical well-being, either temporarily or chronically. The category of physical illness usually includes all disorders that arise from the body rather than the mind, except in certain mental condition. Epidemiological studies have shown that about 15% of children and adolescents, on average, have a chronic physical health condition (van der Lee, Mokkink, Grootenhuis, Heymans, & Offringa, 2007). These conditions are risk factors for Social behavior problems (e.g., Barlow & Ellard, 2006).

Types of Problem

- a. Externalizing problems
- b. Internalizing problems

Multivariate approaches often distinguish between externalizing and internalizing problems and disorders (Achenbach, 1991). Externalizing problems include delinquent and aggressive behaviors, and internalizing problems include somatic complaints, anxiety, depression, and social withdrawal. Elevated levels of internalizing as well as externalizing problems may be observed in children with chronic physical illness (Barlow & Ellard, 2006; Lavigne & Faier Routman, 1992). Sources of elevated internalizing problems in children with a chronic illness may be the perceived lack of control over the illness and its symptoms or progression (e.g., non communicable and genetic disorder), frightening symptoms (e.g., in the case of chronic signs and symptoms), restrictions in positive activities (e.g., due to hospitalization), peer rejection (e.g., in the case of visible abnormalities, such as cleft lip and palate), as well as side effects of therapy (e.g., in the case of radiation and chemotherapy of cancer patients). In addition, symptoms of the physical illness, such as pain, may lead to elevated scores of somatic complaints that are part of internalizing problem clusters (Achenbach, 1991).

Externalizing problems may be elevated when the physical illness affects brain function and the associated Social behavioral regulation. In addition, externalizing problems may be a response to illness-related frustrations, such as being teased by peers (Reijntjes et al., 2010). However, some sources of internalizing problems (restrictions of positive activities, low control over symptoms or the course of the disease, overlap with somatic symptoms of the disease) are probably more widespread than the sources of externalizing problems, possibly leading to greater effects of chronic illness on internalizing problems

Effects of Chronic Illness on the Child

For the child and the family, the diagnosis of chronic disease in childhood can cause mental shock, stress, sentiments of anger, sorrow, and increased intensity in their interpersonal relationships. Particularly distressing, however, is the diagnosis of disease for a child who was previously healthy. Chronic illness is a very difficult challenge for a child, who may often be afraid of both the illness and the laborious processes of treatment. A child with a chronic disease

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cannot always follow the treatment easily, so more help and support is needed for the family. The socio economic factors and basic demographic factors influence the adaptive behavior of the child especially the financial support and the type of chronic illness the child is suffering from plays a major contributors to behavioral change.

Need For Social Behavior

The adaptive skills exhibited by children with chronic illness are critical factors in determining the support he/she requires for success in school, work, community, and home environments. Children tend to have substantial deficits in adaptive behavior. These limitations can take many forms and tend to occur across domains of functioning. Limiting self-care skills and social relationships.

Adaptive behavior:

According to the Diagnostic and Statistical Manual of Mental Disorders, Adaptive behavior refers to “how effectively individuals cope with common life demands and how well they meet the standards of personal independence expected of someone in their particular age group, socio cultural background, and community setting.”

Aim:

This study analyses the association of socio-demographic factors and social adaptive behavior problems of pediatrics with chronic illness

Objectivity of the Study:

1. To study the association of socio-demographic factors and social adaptive behavior problems of pediatrics with chronic illness
2. To identify significant or non significant demographic factors influencing the adaptive behavior of the chronic illness patient.

Procedure:

Children and parents were educated about the nature and procedure of the study. The children were enrolled in the study after obtaining parental consent. The study was conducted at MMM hospital among 90 chronic illness pediatric patient of age group 1- 6 years under treatment . The chronic illness conditions included cardiac , neurological and genetic condition. The tool used for data collection was segregated into two sections **Section A:** Socio demographic profile (age, gender, , place of residence, ordinal position of child in the family, number of siblings, religion, education of parents, occupation, type of family, family monthly income) and **Section B:** The Child Behavior Checklist (CBCL) A parent-report questionnaire. The data was tabulated and interrupted using research analysis.

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RESEARCH METHODOLOGY

The Population, Sample And Sampling

The population of this research is children with Chronic illness (Cardiac, Neurology, Genetic) of age group 1 and 6 in MMM hospital Chennai. For sampling the sample size was selected by convenient sampling.

Research Tools

The questionnaire used in this study are **Section A:** Socio demographic profile (age, gender, , place of residence, ordinal position of child in the family, number of siblings, religion, education of parents, occupation, type of family, family monthly income) and **Section B:** The Child Behavior Checklist (CBCL) A parent-report questionnaire.

Analysis:

The data thus collected following the above design and procedure was interrupted Chi square

The Analysis Of Data

The data thus collected following the above design and procedure was interrupted using chi-square test.

RESEARCH FINDINGS

Table 1: Social Adaptive Behavior Level of The Respondents

Social Adaptive Behavior Problems	Mean	Std. Deviation
Externalizing Problems	25.01	9.782
Internalizing Problems	19.32	7.002
Other Problems	72.96	28.008
Total Problems	23.73	11.506

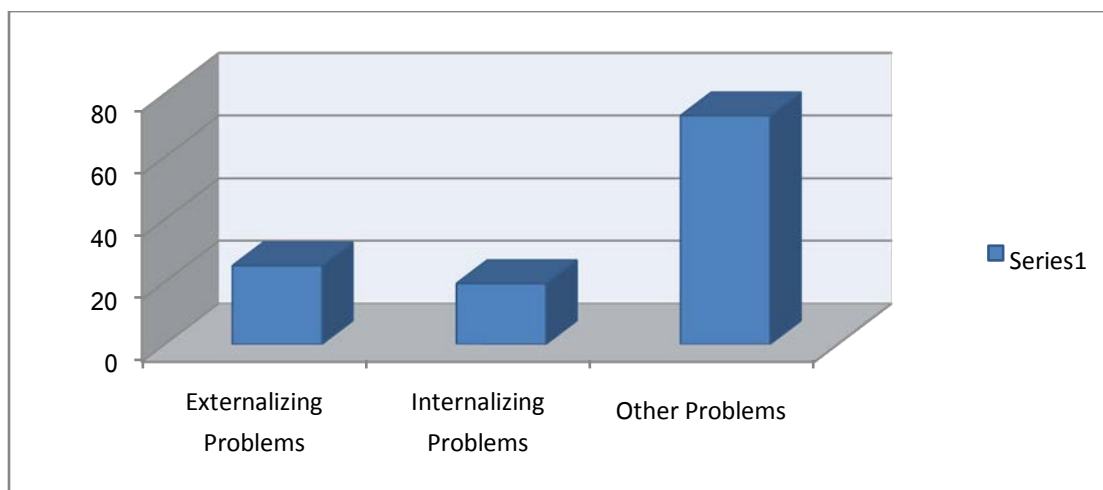


Table 1: states the level of social adaptive behavior problems of the respondents.

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The Social Adaptive problem called - Other problems was very high with a mean value of (72.96%). Similarly the level of externalizing problem (25.01%) and internalizing problems (19.32%) were elevated in children with chronic illness

Chart 1: Total Distribution Of Social Adaptive Behavior

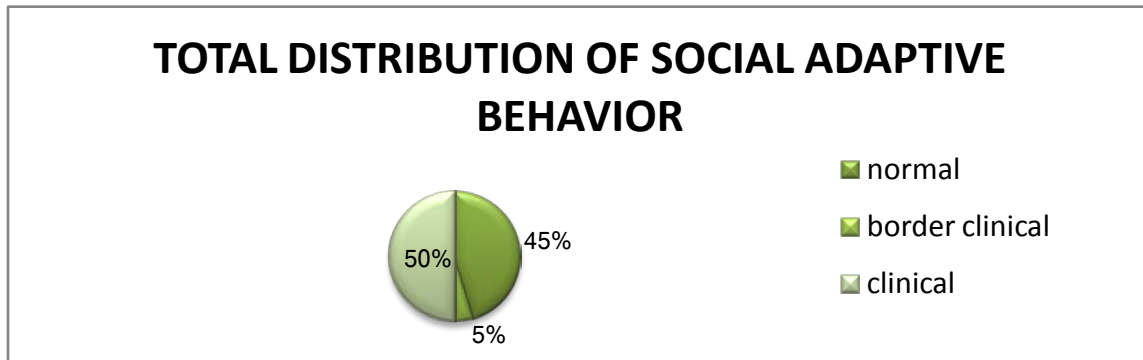


Chart 1 illustrates that 45% falls under normal, 5 % at border clinical and 50% in Clinical level this states that 50% of the sample shows social adaptive problem at marked level.

Table 2: Association between Social Adaptive Behavior and Demographic Variables

SOCIO DEMOGRAPHIC VARIABLES	SOCIAL ADAPTIVE BEHAVIOUR			P VALUE
	Normal	Border Clinical Range	Clinical Range	
GENDER BACKGROUND				
Male	21(51.2%)	0(0%)	4(80.0%)	$\chi^2=5.82$ df = 2 P=0.158
Female	20(48.8%)	4(100.0%)	1(20.0%)	
ECONOMIC STATUS				
Poor	15(38.5%)	2(50.0%)	28(62.2%)	$\chi^2=4.723^a$ df=2 0.008*
Middle	24(61.5%)	2(50.0%)	17(37.8%)	
CONDITION				
Cardiac	21(51.2%)	2(50.0%)	38(84.4%)	$\chi^2=15.449^a$ df=4 P=0.000*
Neuro	3(7.3%)	1(25.0%)	0(0%)	
Genetic	17(41.5%)	1(25.0)	7(15.6%)	

P<0.05 ; Statistically Significant*

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Table 2 shows the Association between Social Adaptive Behavior and Demographic Variables in 90 subjects. It is observed Medical condition and Economic status level was significant

DISCUSSION

Social Adaptive behavior is a type of behavior that is used to adjust to another type of behavior or situation. This is often characterized as a kind of behavior that allows an individual to change a no constructive or disruptive behavior to something more constructive. These behaviors are most often social or personal behaviors. The prevalence of Social behavior problems of children with chronic illness and identifying related risk factors is of theoretical and practical relevance, helping us to understand psychosocial consequences of chronic physical illness providing important information about the need for preventing these problems as part of an integrated treatment. Since many chronic diseases cannot be cured, a main goal is to reduce the consequences of the diseases on the lives of children and adolescents.

Identifying the associated variables influencing the adaptive behavior among children as early as possible can help to turn down the consequences into positive aspect through multi variation dimensional approach .Among the 90 samples the demographic profile of the respondents were Majority (70%) of the respondents were found in age group between 3-4 years. More than half of the respondents (52.22%) were male and followed by (47.78%) female. Fifty percent of the respondents economic condition belongs to poor class and followed by 47.78% were found middle class. Nearly half of the patients belong to middle class and from poor economic background.

LIMITATION

This study was conducted on a smaller group of children with few mentioned chronic conditions.

CONCLUSION

The preliminary study about social adaptive behavior concludes that other problems were found to be high pediatrics. This particularly emphasizes on multidimensional assessment and treatment. Irrespective of marked difference between different types of chronic illness associated with type of adaptive behavior problems, they require the same pattern of continuing care to decrease the consequences of social adaptive behavior problems o among pediatrics.

PRACTICAL SUGGESTIONS

It helps to understand psychosocial consequences of chronic diseases by providing valuable information for clinicians regarding who should be screened for what kind of problems and the need for preventing these problems as part of an integrated treatment.

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Conflict of Interests

The author declared no conflict of interests.

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Problems & Remedies of Non-Governmental Organizations (NGOS) in Jammu and Kashmir

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ABSTRACT

The state of Jammu and Kashmir has misplaced its identity. The 1947 partition of the country has impressed long-lasting bitterness in the minds of people and draws a separating line (LOC) along the borders. It is definitely a hectic task to set up peace in the disturbed regions of the Jammu and Kashmir, but in no way outside the limits of opportunity. The civil societies and NGOs, being neutral in character, can play a peaceful role in maintaining peace and establishing of assurance among the people of the valley. NGOs are non-profit making agencies that are constituted with a dream by a group of same minded people, dedicated for the uplift of the poor, marginalized, unprivileged, underprivileged, impoverished, and downtrodden and the needy and they are closer and accessible to the target groups. Flexibility in administration, faster in decision making, timely in action and facilitating the people towards self-sufficiency ensuring their fullest participation in the whole process of development. The achievements and victory of NGOs in various fields and the brilliant work done by them in specific areas are no doubt an incredible task that has helped to meet the changing basic needs of the social system. Still, in spite of its achievements in various fields, NGOs are facing different types of problems which differ from organization to organization, region to region and from place to place. In this position, the present paper attempts to discuss some of the general problems faced by the NGOs and to provide some remedies to overcome these problems.

Keywords: *Jammu and Kashmir, Non-Government Organization, civil societies, Programmes, Government and Problems.*

The fifteenth of August 1947, not only changed the destiny of Indian people but also wrote a script of India's independence. The violence in Jammu and Kashmir grew extreme after the partition of the country in 1947 and with the evolution of militancy and cross border insurgency in 1989. The vilest face of this violence was seen in Jammu and Kashmir during last two and a

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half decades. While the violence in the valley was on the go, an appearance for building peace and confidence among the people was felt, to defeat the situation and to control the violence in a peaceful manner. Among all the Agencies, Institutions and Organisations, the role of Non-Governmental Organisations (NGOs) was extensively different because of their sensitive and soothing approaches towards the process of peace building and development. The NGOs, being unique from that of government and other organisations, have improved the peace process in Jammu and Kashmir and worked continuously for the betterment of people affected by the violence. The Peace and prosperous building and non- governmental organisations (NGOs) are closely related to each other. The non-governmental organisations (NGOs) play a very important and predominant role in preventing the start or resumption of violence or conflict not only in Jammu and Kashmir but in almost every part of the world. The main aim of Peace building is violence prevention and reduction of tension in the valley. Before taking into relation the Peace building efforts in Jammu and Kashmir, one should appear into the matter attentively and point out the reasons for violence mainly in the state of Jammu and Kashmir. Previously to the India's independence in 1947, the generous state of Jammu and Kashmir was under the rule of Maharaja Dynasty. The emergence of building and maintaining freedom from strife in the violence area of Jammu and Kashmir was felt with the disturbance of militancy and cross border insurgency in 1989. The politically and socially recognised NGO's have the possible to force the government to meet the necessities of people in terms of maintaining peace and security in Jammu and Kashmir. two kinds of approaches for the prevention of violence; firstly the most important approach is the negotiated settlement or Peace building approach, to which most of the people on a global level would show acceptance. Secondly the Militaristic approach which cannot resolve the disputes alone, even though being capable of implementing calm the military employs use dissimilar techniques that may sometimes prove serious in a certain situation. So the work assigned to the NGOs and Civil Societies were best. The NGO's having no political significance, associate itself to the conflict prevention and Peace building processes in the psychologically disturbed areas of the state. Some peace NGO's presently active in Jammu and Kashmir, have pointed out certain important but unfavourable causes of violence like protests against Indian Government, father type rule, post-world war consequences and the alienation of trust, unfriendliness and sharpness from Indian federation. While some of the researchers find that terrorism and the military killing in the Kashmir valley have worsened the condition of the valley, ever since 1989 thereby hardening the labour of socially and politically recognised NGO's. *Khan and Ayoub* in their study provide a statistical data that the huge number of people in the state of Jammu and Kashmir has been affected by violence and economic downfall since 1989. Further Peace building and conflict prevention, the civil societies and NGO does have important role to play in the growth and progress of the state because of the neutral character and a sympathetic approach towards the affected persons. sensibly speaking, In order to bring about the Peace building efforts in a particular region, the NGO's have to carry on the Anthropological and geographical conditions of that region into consideration and join hands with local NGO's, institutions and communities to afford financial assistance to the needy and deserving people.

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For the establishment of peace in the disturbing region, the civil societies and NGO's have to be thrilling and honest and at the same time local communities should accompany NGO's to generate peace of reality. Though, people don't have great faith in the government and its institutions because of the personal interest of political leaders. The NGO's can act as the best intermediaries in loosening the tension among the states and countries. Why civil societies and NGO's were playing a vital role to maintain peace and help to restore normalcy in Kashmir? The answer lies in the background of violence between India and Pakistan in 1947. The destiny of people of Kashmir was to be decided by means of the plebiscite and some prerequisites were laid by the then leader Pt. Jawaharlal Nehru but India and Pakistan; both claimed the territory to be its own advantage which resulted in the erupting of violent violence, mass demonstration, and a feeling of a right to autonomy in the minds of people of Jammu and Kashmir. Further intensified form of this violence was seen in 1989 with the uprising of militancy and cross-border terrorism. Still the prospect further intensified in 2010, unrest in Kashmir. The dispute has now grown so intense that negotiations, Mediations and reducing tensions seem to have a lesser applicability. A creditable role has been played by various NGO's to rehabilitate the victims of 1989 insurgencies. This proved to be the main explanation for the requirement of NGO's to direct the state of Jammu and Kashmir towards the dawn of peace and an atmosphere free of violence and conflicts. The NGO's highlighted the problems of people in violence-ridden areas and forced mutually the counterparts (India and Pakistan) to take measures to settle the dispute of Kashmir harmoniously. It is because of NGO's that a bulk of people about the world came to know the problem of Kashmir. The civil societies and NGO's have not only prevented the human rights violation but also improved the socio-economic conditions of masses in the state of Jammu and Kashmir. *The Chari and Chandra* in their study reveal the different pathways to settle the dispute in Kashmir. Amongst the role played by various agencies, religion apart can play a very crucial role in the prevention of conflict because religion is of great essence and importance in a way that it decreases the bitterness between the countries. Almost whole of Asia is engaged in the violence and the concept of war and violence is at its peak, so the nation's peace and collective security gets compromised thereby forcing the international brotherhood to take quick steps to look into the issue. While pointing out the negative aspects of peace the Newman and Richmond in his own book "*Challenges to Peace building: Managing Spoilers during Conflict Resolution*" perceives that peace can have unfavourable effects if it is long-lasting and the actors could be considered as the spoilers to the violence.

REVIEW OF LITERATURE

In Jammu and Kashmir, India and abroad, several studies have been made on voluntary organizations (NGOs) working in rural as well as urban areas. Much of the literature on voluntary organizations in Jammu and Kashmir settings has come from usual social work. Many of the Anthropologists, Sociologists and Political Scientists are busy in the study of the voluntary organizations. Unluckily, communication among the disciplines about their findings has been distant from adequate. *Michael Banton's book (1957)* on the Anthropological Aspects of

Voluntary Associations found that “NGOs become important and common as societies advance in technology, complexity and scale”. And also reveals that the relative functions as a means of organizing people in order to attain new ends, such as the increasing of capital, the guideline of prices and the provision of extra labour (Stefanovic et al., 2010). *David sills*, a sociologist, suggests the latent functions as opposite to the manifest functions of voluntary associations and distinguishes between the functions of relations for individuals and those for society. David smith has also revealed the assistance of formal voluntary organizations for society, attempting to well his analysis into a Parson Ian framework. He also found that the organizations bring out a role in each to Talcott Parsons four structural – functional categories of analysis, therefore contributing to societal adaptation, goal attainment, pattern maintenance and integration. *Alliband Terry's on the study of voluntary agencies (1983)* suggests that on the most extensively known successful experiments by voluntary organisations such as Martandam and Sriniketan. The author understands comments specify some of the major drawbacks and advantages of voluntary agencies in the national rural development efforts of the third world nations. *K.A. Suresh's (1990)* study explains with the levels of the role of beneficiaries in the developmental programmes of select NGOs in Kerala. The author set up that NGOs are not functioning as participatory organizations to the extent desired. The rates of participation of beneficiaries and institutional activities for contribution are found to be very short. The beneficiaries are also found to be not devoted in getting represented in decision- making bodies and planning process. *Vanitha Vishwanath's (1993)* study explains the role of two NGOs i.e. Integrated Development Service and Gram Vikas in promoting women development. The author found that Gram Vikas is working more efficiently than Integrated Development Service. because those Gram Vikas programmes are intended in such a way that they give up fast results and are sensitive to the quick needs of the people. *Vijay Mahajan (1994)* made an effort to observe the role of NGOs and training institutions in DWCRA programme. His study revealed that there is a need for the NGOs and training institutions to make DWCRA programme new valuable. *Roger C.Riddel and Mark Robinson (1995)* in their review of sixteen projects on rural poverty improvement carried out by NGOs in India, Bangladesh, Uganda and Zimbabwe provided a detailed appraisal of the contribution of NGOs to improve rural poverty. They found that NGO projects were successful and effective in improving the social status of the poor; however, not all the projects were victorious in reaching the poor. *M. Ramesh Singh (2004)* in his study found that an effort to provide a better understanding of NGOs working in Manipur and their problems by taking up a micro level. He also conducted a study during 2000-2001 in two tribal villages in Manipur by name Khangshin and Minou and found that NGOs are playing an active role in development activities in the fields of education, health and sanitation, women and children to improve the quality of life.

PROBLEMS OF NGOS

Rural Reconstruction Society (RRS), Social Activities For Rural Development Society (SARDS), Community Action For Literacy and Livelihood (CALL), ASSIST, Rural Aid Service

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Organisation (RASO), Society for National Integration through Rural Development (SNIRD), Rural Development Society (RDS), Rural and Urban Development Society etc., are the some of the NGOs in Jammu and Kashmir are facing the following major problems.

Lack of Funds

Most of the NGOs Jammu and Kashmir are suffering from a dearth of funds. The government does not give cent percent grants in aid or make delay in sanctions of grants for various programmes. NGOs have to make matching contributions which NGOs are sometimes unable to supervise and are, therefore, unable to benefit themselves of the grants. Now a day's charity or trusts are not so strong in the people as it was in the ancient society. This was another region for the decay of funds for NGOs.

Lack of Dedicated Leadership

In NGOs Leadership qualities of the leaders confirm the quality and condition of the services rendered by any organization. Particularly dedicated leadership, 'Leadership for the sake of Leadership' is generally a chief governing factor in this regard. In the post independence period, unfortunately, the NGOs faced the crisis of leadership as the leaders who lead voluntary action and worked for it with the spirit of affection and dedication choose to go into politics to find a place in legislatures and parliament thus creating a blankness for dedication leadership in NGOs. With some expectations the leadership is determined in the hands of elderly people. The style of functioning of these elderly people exhibits dictatorship and frustrates younger people who are embodiments of new ideas, initiatives and innovation which are not allowed to be articulated and practiced (Mehta et al., 2010).

Insufficient Trained Personnel

It is supposed that the personnel working in NGOs may be of personnel working in such organizations are a sense of devotion and assurance and interest in the social services. NGOs earlier were supposed to be served by unpaid social workers imbued with the courage of service and did not need any special education or training. But the present trends that are having a professional education are not paying attention to work with NGOs. Their vision has been altered and is interested to work in urban areas only. For that reason, it is very hard to get trained persons who are either trained or willing to work in the rural society where the majority of NGOs work. Furthermore, these professionally trained persons have a high opportunity in terms of salaries, status, opportunities for their growth in the career of their choice. Moreover, due to lack of funds NGOs cannot able to spend some more funds for giving training to the personnel employed in the organization. A small number of NGOs is in fear of personnel who may transfer to another big NGO after taking training from it.

Misuse of Funds

In reality, that some dishonest members have made fortunes by floating NGOs for their personnel gains and managing grants from the government. It is a general experience that there have been serious charges of misuse and cheating of funds received as a grant- in-aid form the government, civil society, and foreign donors and raised throughout their own resources by the

most of the NGOs. These NGOs may reveal its image to other NGOs who are working with dedication and loyalty.

Monopolization of leadership

It has been observed that at the top level there is a growing trend in the direction of monopolization and interlocking of leadership in various organisations, like in secretary, treasurer, a member of the executive and so on. This interlocking of leadership can be beneficial in formulating, coordinated programmes, policies, and activities, facilitating replace of technical known, and experience and mobilizing people for a common goal. But the greatest drawback of such leadership is that fresh blood is not allowed to flow into the organization and leadership.

Lack of Public Participation

Some of the factors responsible for such a state of affairs are general backwardness of the people, absence of sufficient number of devoted persons, political interference, over emphasis on targets and time bound programmes, and vested interests, easy availability of funds without proper planning and estimation of felt needs and safeguards for the community, distrust of agencies and workers who do not have a base in the community and are unable to win its support and lack of decentralization which could give a feeling of being partners in development rather than development being thrust from above.

Centralization in Urban Areas

NGOs are less developed in rural areas as compared to urban areas. The backwardness and ignorance of the rural people and lack of interest among social workers to them in the absence of availability of minimum comforts are the two most important reasons for the backwardness of the NGOs in rural areas.

Lack of Coordination

The lack of coordination between NGOs existing at national level state and local has laid to the common problems such as overlapping, non- coordination, duplication, etc, the absence of such an ordinary forum also incapacitates NGOs to offer united stand against the government when it humiliates them by irrelevant considerations at the behest of politicians and self-centred government officers. Furthermore, the state associations also do not facilitate the exchange of information, data collection, research, training and publication and also does not create favourable conditions where common difficulties can be placed before the government.

Lack of Volunteerism

NGO basic characteristic is volunteerism. In early days, youth are making their career in volunteerism but that enthusiasm seems to have dull these days. The scope of volunteerism is declining day by day and turning it into professionalization. Still the young graduates from social work are interested in making their career in professionalism. This leads to insufficiency of efficient volunteers in NGOs.

Modernization

Because of modernization, in management techniques introduction and professionalization, the traditional NGOs need certain least, infrastructure and administrative expenses. Sadly, grants-in-

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aid rules do not permit for such administrative expenditure excluding contingencies. This leads to the vanishing of traditional NGOs in the country which use to guide by great leaders.

Target orientated and time-bound Programmes

It has been observed that the supporter or administration that sanctions grants will put objective and time-bound programmes in front of NGO. Those NGOs will take the period but the qualities of service there is donation. This leads to declining in quality of service and is below expected standards.

Area of Interest

From time to time, NGO will desire the donor region of interest in welfare activities going beyond his own interest or working in more than one programme. This also leads to decline in quality of service in particular programme.

REMEDIES

The government of India has to loosen the rules and regulations of grants- in-aid and to sanction more grants to NGOs. At the same time, the government should select commissions of enquiry or committees to cross check the misuse of funds by NGOs. The member of the committee has to organize and observe the activities of NGOs periodically. Young graduates as of universities, colleges and schools have to perform the public meetings, seminars, symposiums and so on., and use the local media to announce the importance of volunteerism, achievement stories of NGOs and give confidence people to participate in voluntarism. With the same time, schools, colleges and universities have to cooperate with each other with NGOs and conduct campus interviews for the young graduates who are paying attention in voluntarism. NSS and NCC should support students to participate in voluntarism from childhood. To build leadership qualities to the coming generation the government of India has to establish the success stories of great leaders and their approach to leadership qualities, voluntarism, dedication and obligation towards social work in the curriculum of social work departments and in the school syllabus. In the state there must be coordinating organizations like Coordination Council of Voluntary Association (CCVA, Association of Voluntary Association for Rural Development (AVARD),) etc., to resolve the problems of NGOs. These associations are to facilitate the exchange of information in between the government and the NGOs. In j and k 68% of populations belong to rural areas. Therefore, NGOs need to operate in rural areas on a greater scale to enrol the cooperation of village people in making their life better. At the similar time, NGOs have to give confidence the educated young graduates of rural areas to take part in voluntarism. The government has also given some special support and provisions for NGOs who are functioning in rural areas in attaining eligibility conditions for grants. The government has to recognize those NGOs, by giving rewards or awards with additional grants. This would prompt the other NGOs to work efficiently. Monopolization of leadership should be removed. NGOs should recruit young and efficient people as leaders and retire the persons who are nominated members for very long tenures in any group or agency The NGOs should use of latest technologies like the internet,

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websites, Browsing etc., for raising of their funds, to have mutual associations, to promote, announce, advertise their products and for the selection of efficient personals. The administration or supporter while sanctioning the grants for the particular programme has to careful the interest of that particular NGO.

CONCLUSION

NGOs are the ones who really propose to care and protect the uncared sections and the people at the bottom of the social stratum. Ours is developing state which requires these types of committed, devoted, enthusiastic and dedicated organizations for the development of the state. So, the government, administrators, rulers, the leaders, the donors, the politicians and the people should support these organizations and help them to solve their problems at the grass-root level than only their services are definitely and undoubtedly creditable in the upliftment of the rural poor.

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Conflict of Interests

The author declared no conflict of interests.

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Feasibility of Home-Based Attention Retraining On People with Mild and Moderate Traumatic Brain Injury

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ABSTRACT

The aim of the study was to assess the feasibility of a 4-week home based attention retraining of people with mild or moderate traumatic brain injury. Purposive sampling was done to choose seven participants with attention deficit with mild or moderate traumatic brain injury as the sample of study. The Intervention consisted of tasks such as cancellation of letters, cancellation of symbols with distracters and dictation. Training in administering the intervention was given for patients as well as their caregivers. A baseline assessment for the above mentioned parameter and post-test assessment (after 5 weeks) were done on the participants to assess the impact of the intervention. The research design was informal experimental design before and after without control group. The post-test scores showed that the home based attention retraining has a positive impact on the attention of the participants. However, this couldn't be proved statistically because of its small sample size. The involvement of the caregiver as well as the motivation level of the participant was observed to have significant impact on the participants' performance along with several others. Home- based attention retraining was found to be effective, further rigorous studies with larger sample size and control group is suggested.

Keywords: *Brain Trauma, Retraining, Attention*

Incidence of traumatically brain injury, which is a traumatically induced physiological disruption in the brain function, has been at a hike due to the increasing automobile usage and ward across the world. A global perspective on the Indian Health Care System throws light to the likelihood neurological disability joining in as the third epidemic, largely due to the accelerated frequency of traumatic brain injury (TBI) in the country. Limited epidemiologic studies and lack of recent population-based data on traumatic brain injury in India limit ones understanding in this area. It is estimated that nearly 1 million persons are disabled annually. The rate of Road Traffic Accident (RTA) is ever increasing in the country out of which 60-70% is of TBI in nature. According to the National Crime Records Bureau, India, for every RTA in the

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world there is at least twenty injuries that prevail. Accordingly in the year 2010 (the latest statistics) approximately 3.2 million serious RTA related injuries has occurred in the country. And this would lead to a rough approximation that nearly 3-3.5 million people have TBI due to all causes in 2010 in India. Hence every year our country generates approximately 1.5-1.7 million neurological disabled people only due to TBI.

With the advancements in the field of neurosurgery and acute trauma care, the mortality rates due to RTA has come down but the morbidity rates persist. As can be rightly mentioned, TBI can be considered as the leading cause of morbidity, mortality, disability, socio-economic losses and poor quality of life among survivors. Patients with mild, moderate and severe brain injuries suffer from physical, behavioral, emotional and social disturbances. Beside these issues persons with TBI experience serious long enduring problems with cognitive functioning (Upadhyay, 2008). Acquired brain injuries frequently produce difficulties in attention and short term memory along with problems such as low concentration, distractibility, forgetfulness, and difficulty doing more than one thing at a time (Hinkeldey & Spellacy, 1990). Traumatic brain injuries (TBI) can have wide ranging outcomes including inattention and distractibility that significantly impair an individuals' performance in day-to day activities, as well as on tasks that demand new learning, calculations and verbal abstraction. Problems in attention and concentration, according to many neuropsychologists, always occur following a brain injury (Cicerone & Keith, 2002). Both functional and organic illness can disrupt attention and cause failure in attention. Taking into account the concepts of cognitive rehabilitation and brain plasticity, early intensive interventions have proved to be successful; Home based attention retraining being one of it.

In order to study the impact of home based attention retraining in people with TBI, Glassgow Coma rating scale was used to screen people with mild-moderate TBI with the help of a neurosurgeon.

Seven participants, all educated at least upto pre degree was selected for the study. The study was a quasi- experimental research design with pre and post test; control group was absent. Digit Vigilance test was used to assess sustained attention and Triad test was used to assess divided attention and served as the pre-post tests, both tests are from the NIMHANS neuropsychological battery. The four weeks (seven days of the week) home based attention retraining was done; tasks involved were letter cancellation, symbol cancellation with distracters and dictation. Caregivers were trained to do the task on the subjects at home. Post test was administered to access the impact.

Descriptive Statistics was done to describe socio-demographic data and inferential statistics was done to check the efficacy of the intervention study. On Wilcoxon Signed Rank test was

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statistically noticeable difference couldn't be seen due to the limitation in sample size. However, individual analysis showed that there is betterment in the performance of all seven participants. The home based attention retraining has been found effective in the participants of the study. Along with the right conduction and monitoring of the tasks given several other factors came into the notice of the researcher which is significant. Level of motivation and involvement of the caregiver were prominent of them. Therefore, home based attention retraining was found to be feasible on people with mild and moderate traumatic brain injury.

REVIEW OF LITERATURE

Problems with memory, attention, executive function, behavioural control, and regulation of mood, associated with injury to the frontal and temporal lobes, are particularly troublesome. For its pervasive nature several studies have been conducted in the area of neuropsychology addressing the aftereffects of a traumatic brain injury, the findings of which are discussed below. According to Flerminger et.al (2005), regardless of the age of the patient, it is the changes in cognition and behaviour that represent the greatest burden to families after a traumatic brain injury. Difficulties with social skills may arise from deficiencies in self monitoring and social judgment. The studies conducted that take a look at mTBI from a neuropsychological point of view shows that there can be a high chance of developing deficits in cognitive functioning. De Guise, Feyz, Le Blane, and Richard Lamoureux (2005) assessed 348 TBI patients using Glasgow Coma Scale score and neurobehavioral rating measures score and found the cognitive deficits most frequently observed on the neurobehavioral rating were in the areas of attention, memory and mental flexibility as well as slowness and mental fatigability. Poor concentration can be attributed to reduced information processing capacity or reduced capacity for brain to carry on number of different operations at the same time (Gronwall, 1989). Similar study conducted on 37 mTBI patients showed deficits in speed processing, divided attention, working and long-term memory and executive function (Curtiss, Vanderlpeg, Spencer, & Salazar, 2001). Another study conducted by Jonstone et. al in the year 1995 on 97 TBI patients found deficits in intelligence, memory, attention, speed of processing and flexibility. Another study by Bonnelle et.al referred to the failure in maintaining consistent goal-directed behavior as a result of TBI. Along with the above mentioned the impacts of a TBI are above the scope of discussion here. Undoubtedly, the need to identify functional impairment following a brain injury is critical to prevent re-injury during the period of recovery (Parker, Ostering, Donkelaar, & Chou, 2005). Attention can be referred to the kind of concentration on a mental task in which you select certain kinds of perceptual stimuli for further processing, while trying to exclude other interfering stimuli (Strub & Black, 2003). Attention can be of three kinds; (a) Focused attention is referred to as the concentration on one source of input to the exclusion of any other (Goldsten, 2008), (b) Sustained attention is attention for a prolonged periods of time (Sarter, Givens, & Bruno, 2000) and (c) Divided attention is process of paying attention to 2 things at once so more tasks can be performed at the same time (Matlin, 1983). Even relatively small decrements in an individual's

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attention ability may significantly reduce the capacity for new learning and affect academic performance (Kinsella, Prior, & Sawyer, 2007). Attention impairments frequently accompany executive dysfunction (Mateer & Mapou, 2003).

Since the start of the era of Experimental Psychology the concept of attention is seen as the central to human performance and has been seen as a unified system for the control of mental tasks. Attention is a relatively basic cognitive function, according to Tsousides & Gordon (2009), disturbance in attention can exacerbate additional disturbances in executive function, communication and other relatively more complex cognitive functions as described in their study titled Cognitive Impairment following Traumatic Brain Injury. Even relatively minimal dearth in an individual's attention has the potential to result in long-term and may affect new learning. This holds true as the initial impairment potentially escalate the handicap. Attention deficits are prominent aspect of cognitive dysfunction after mild traumatic brain injuries. Cicerone, K. D. (1996) described how people after mTBI complain of distractibility and difficulty in attending to more than one thing at a time. Several studies in the area of neuropsychology attempted to study the impact of mTBI on focused, divided and sustained attention in particular. The findings of the study Reaction Time after Head Injury: Fatigue, Divided and Focused Attention and Consistency of Performance indicated that TBI causes slower information processing, deficits in divided attention and impairment of focused attention and therefore results in inconsistency of performance. The findings of another study conducted in 2003 examined the nature of attention disturbances on divided attention after mTBI were interesting. It was found that the attention deficits apparent during dual task demands may represent decreased cognitive efficiency which reflects mTBI patients' subjective complaints and functional impairments (Cicerone K. D., 1996). Similarly it was mentioned that poor sustained attention or alertness is a common consequence of TBI (Dockree, Bellgrove, Moloney, & Carton, 2006).

The neurological basis for these attention deficits was explained in a study conducted by Arciniegas et. al in the year 2003. It was explained that impairments in attention have been well characterized in TBI, and are likely related to disruption of cholinergic functioning in the hippocampus; facilitation of learning, memory and other cognitive functions is the role of Acetylcholine. Additionally, disturbances in this neurotransmitter system may also account for disturbances in sensory gating and discriminative attention in this population (Arciniegas, Lawrenace, Topkoff, & Cawthra, 2003). A predominantly right-lateralized front parietal network is often engaged during attention ally demanding tasks. Increase I n the activation within the default mode network (DMN) is found to be associated with attention lapses(Bonnelle, et al., 2011). These changes in the neurology can result long term impact on individuals. The cognitive impairments following a TBI, as described by David et.al, which causes disturbances in attention, is found to be problematic.

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Sustained Attention

Insufficient attention to tasks can result in slips of action as automatic, unintended action sequences are triggered inappropriately (Robertson, Manly, Andrade, Baddeley, & Yiend, 1997). Such slips arise in part from deficits in sustained attention, which is the capacity to continue on a task which involves the avoidance of environmental distracters. Our ability to maintain a goal-directed focus without support from the environment requires the endogenous control of behavior (Dockree, Kelly, Roche, Hogan, & Reilly, 2004); which is found to be compromised traumatic brain injury (TBI). TBI patients are particularly impaired at maintaining consistent behavioral performance and provide a unique opportunity to study the neural basis of sustained attention (Stuss, Stethem, Hugenholtz, & Picton, 1989). In a study conducted by Whyte et.al in 1995 studied the neuro-anatomical as well as neuro-physiological reasons for the difficulty in doing tasks that require sustained attention. The results of this study which was experimental in nature found that the initial vigilance level of performance, vigilance decrement over time and accuracy was steeper in patients with TBI, hence providing a rationale for sustained attention retraining programs. A probe into tailor making the intensity based- treatment plans for the brain trauma can be sort from a study which made a comparison between patients with TBI and normal subjects demonstrated high correlation between the severity of brain trauma and the everyday attention failures reported. The negative correlation found between the performance of participants and Glasgow Coma Scores (Glasgow Coma Rating Scale is the tool used in this study) substantiate the findings. A relevant finding of this research conducted by Parasuranam et.al proved that during the first month after mild closed head injury, vigilance performance is unimpaired under normal task conditions, but may fall short under task conditions that require sustained effortful processing. Hence, there arises a question as to when should neuropsychological assessments be done so as to plan effective intervention strategies. The study by McAvinue et.al on error awareness and sustained attention on 18 TBI patients and 16 matched control group is found to be relevant to this research. It was found that there is a reduced awareness of error during the sustained attention task given and that this ability is strongly correlated the sustained attention capacity. This significant link between the two process shows that feedback on error improves sustained attention performance of TBI participants (McAvinue, O'Keeffe, McMackin, & Robertson, 2005). Hence, suitable comments and criticisms on the performance on the tasks given can aid the betterment of patients with brain trauma.

Divided Attention

Division of attention could be an intermittent process in everyday life (Seema & Rao, 1994). Multitasking has definitely become the pre-requisite for any successful task completion. Several studies conducted across the years has proved that deficits in divided attention is expected after traumatic brain injury. It is also proved that the severity of such deficits is positively correlated with the severity of the injury. The findings of a study conducted at

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NIMHANS by Misra et.al showed that there is depleted attention resource allocation in mild head injury, and hence stressed on the need for compensatory effort from the patient to improve. Another interesting study found that people with TBI would still have problems in performing two tasks dually even when they can perform well in these two tasks separately. A meta-analysis showed that this difficulty is more when such tasks require controlled processing, but not when there are carried out automatically. Thus, retraining is especially important in people who want to go back to works which requires intentional multitasking. However, there are studies that oppose these arguments. One such study is the only conducted by Azouvi et.al where the experimental group (N= 43 people with severe TBI) performed just as able as the control group in the task given. Surprisingly, higher level of mental effort was shown by the experimental group, which would explain why TBI patients frequently complain of mental fatigue. This subjective complaint seems to be relatively independent of cognitive impairment (Azouvi, Couillet, Leclercq, & Martin, 2004). The aftereffects of divided attention deficits are not just restricted to attentional processes alone. The hypothesis that the deficits in episodic memory result from impaired attention allocation, it varies according to the injury severity and hence pronouncing the need to establish more sensitive anatomical and behavioral measurement at both acute and chronic stages of injury (Managels, Craik, Levine, & Schwartz, 2002).

Neuropsychological Assessments

Brain plasticity can help people recover some lost abilities following brain injuries. Several studies suggest that early intensive interventions can result in dramatic improvements in the functioning of people with brain injuries (Geraldine & Zanolli, 2003). Therefore, it can be inferred that acquired deficits of attention are treatable using specific-skills training. A neuropsychological assessment would highlight deficits of cognitive, emotional and behavioural functioning that are linked to structural abnormalities of different regions of the brain. Process training refers to a deliberate effort to employ a therapeutic program that would improve a wide range of tasks involving attention. Neuropsychological assessment in the early stages of recovery will facilitate awareness of the cognitive and behavioural consequences of the injury (Fleminger & Ponsford, 2005). Further, there have been studies which have proved that cognitive impairments are still prominent in people who have apparently recovered after brain trauma. These can be found out only through the neuropsychological assessments which are apt to the individual. These impairments and deficits are seen as secondary to any brain damage by the scientific world. Cognitive rehabilitation (programs to help brain-injured or otherwise cognitively impaired individuals to restore normal functioning, or to compensate for cognitive deficits) may also be useful for the treatment of impaired attention, interpersonal communication skills, and executive function following TBI. This form of treatment is most useful for patients with mild to moderate cognitive impairments, and may be particularly useful for those who are still relatively functionally independent and motivated to engage in and rehearse these strategies (Tsaousides & Gordon, 2009). Assessment of attention in particular severe multiple purposes

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such as providing a comprehensive, initial baseline description of the patient, to quantify the level of deficits so as to track the development and to test the efficacy of the strategies used. The functional consequences to the victim of traumatic brain injury (TBI) can be severe. Intensive rehabilitative efforts typically emphasize the early phase and address mainly the accompanying functional deficits in the realm of basic activities of daily living and mobility. An otherwise successful medical rehabilitation may end unsuccessfully because of the failure to return to work, with profound consequences to the individual and family, both economic and psychosocial.

Home based attention retraining has reported to have improved performance on neuropsychological tests specific to attention (Hegde, Rao, & Raguram, 2007). Sufficient evidence exists supporting the efficacy and effectiveness of cognitive rehabilitation, which has become the treatment of choice for cognitive impairments and leads to improvements in cognitive and psychosocial functioning (Tsaousides & Gordon, 2009). There is an increased need to develop tailored interventions, and conduct more prospective studies in this area of psychology.

Need of the Study

The present study is an attempt to investigate the effect of attention process training program on the nature of attention impairments and see how it works on rate of attention development. People with mild traumatic brain injury usually go back to their premorbid life much earlier as compared to those with moderate and severe injuries. Therefore, they get back to their old routine, work or social life faster. Since attention is the very basic of all cognitive processes, people with traumatic brain injury would have to face difficulties in most of the day- to-day activities. This is particularly true in the case of mild traumatic brain injuries because, the intensity of the after effects of mTBI is not as pronounced as that of moderate and severe. There are a good number of people who refuse to take treatment for the difficulties they face. This study aims to investigate if the effectiveness of attention process training program can be a productive way of helping out numerous people who face difficulty in their day to day activities after mTBI. In other words, the study can be helpful in checking the extent of brain plasticity and scope on improvement for the population under study. The paucity of the studies in this area of research can be a reason that has resulted in not much people taking similar interventions. Therefore, this study can add into the pool of literature and hence is relevant.

METHODOLOGY

Aim:

The aim of the study is to assess the effectiveness of home based attention retraining of people with traumatic brain injury

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Objectives of the study

1. To measure the base line scores of sustained and divided attention using the Digit vigilance test and the Triad test respectively.
2. To provide home based attention retraining for sustained and divided attention on people with mild or moderate traumatic brain injury
3. To check the feasibility of home based attention retraining for sustained and divided attention on people with mild traumatic brain injury

Variables

Independent variable: Home Based Attention Retraining

Dependent Variables:

- 1) Sustained attention
- 2) Divided attention

Research Design: Quasi- Experimental research design

Operational Definition

Mild Traumatic Brain Injury: a traumatically induced neurological disruption of brain function which has an initial Glasgow Coma Scale score of 13-15. Moderate Traumatic Brain Injury: a traumatically induced neurological disruption of brain function which has an initial Glasgow Coma Scale score of 9-12.

Samples

Sample size: 7

Sample: people with mild or moderate traumatic brain injury

Sampling: Purposive Sampling

Inclusion Criteria:

Individuals who score 13-15 in Glasgow Coma Scale

Between 18-65 years of age. More than one month post injury (recovery period from any physical injury and internal distraction) Able to read and write English and Malayalam. Able to comprehend instructions

Exclusion Criteria

People with mild or moderate traumatic brain injury predominately in Temporal, Occipital or Parietal lobes

People with any other neurologic or psychiatric history

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Tools

1) Screening tool: Glasgow Coma Scale: The Glasgow Coma Scale (GCS) has been used for neurologic assessment of trauma patients since its development by Jennett and Teasdale. The scale assesses three aspects: eye opening responses, verbal responses and motor responses and depending on the scores obtained there are mild, moderate and severe traumatic brain injuries. Adequate inter-rater reliability and content validity has been established for GCS (Zasler & Katz, 2001).

2) The pre and post test for attention are the Digit Vigilance Test (sustained attention) and the Triads Test (Divided attention). These are the tests for attention taken from the New NIMHAS neuropsychological battery developed by Rao SL, Subbakrishnan DK and Gopulkumar K in the year 2004.

Digit Vigilance Test: The test is developed by Lezak in 1995. The task is digit cancellation. The test takes about 15 minutes.

The Triads Test: The test was developed at NIMHANS. It combines verbal triads with a factual number identification test. The test takes 7 minutes.

3) Home-based Attention Retraining: The Home-Based Attention Retraining is a 4-week intervention with 4 tasks which includes Simple letter cancellation, Complex letter cancellation, Symbol cancellation with distracters and Dictation. The number of errors committed by the participants is taken as the score.

Statistics

1. Descriptive Statistics: Socio-demographic data

2. Inferential Statistics:

Wilcoxon matched-pairs signed-ranks test: for the analysis of the pre and post test scores of Digit vigilance test and Trail making test

Ethical consideration:

The patient's consent will be sought

Permission from the hospital authorities will be sought

Confidentiality will be maintained

Participants can withdraw from the study any time they wished

RESULTS

This session details the result of data analysis of the chosen sample of participants. The first session looks at the description of the socio-demographic variables, the second session elaborates the task-wise trends seen in the scores obtained by the seven participants, the third session discusses the performance of each of the seven participants on the pre-test and post-test is

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analyzed and the final fourth session mentions the relevant inferences gained from conducting inferential statistics for the variables from each tool.

1. Socio-demographic details

Twenty four people with mild or moderate traumatic brain injury had been identified for the study with the help of a medical practitioner. Sixteen of this number people were recognized to have attention deficits through the pre-tests. Only seven out of this sixteen completed the intervention programme and only the data of these seven has been retained. Their socio-demographic details are depicted in the given table.

As can be seen in the table, there were three females and four males whose ages ranged between 18 and 55 years. All were educated at least till higher secondary. Of these seven, only three were married.

Table 1, Socio-demographic details of the participants

<i>Participation ID</i>	<i>Age</i>	<i>Sex</i>	<i>Marital Status</i>	<i>Education</i>
A	25	F	Single	Under graduation
B	26	M	Single	Under graduation
C	22	F	Married	Under graduation
D	55	F	Married	Higher Secondary
E	18	M	Single	Higher Secondary
F	40	M	Married	Diploma
G	18	M	Single	Under graduation

For formulation of the pre and post test, Digit Vigilance (Sustained attention) and Triad test (Divided attention) were used. In Digit Vigilance, scores were calculated on the basis of number of errors, which is the sum of the omissions and commissions by the patient. This can range from 0 to 313. As the score approaches zero, lesser is the deficit in the sustained attention. Similarly, on Triad test for divided attention, the range of the score is from 0 to 32 and, as in the case of digit vigilance, zero means no deficit in divided attention as assessed by the Triad test.

2. Task- wise analysis

Home based attention retraining was a 4-week intervention. The task given for the first 14 days was letter cancellation. The task involved cutting two given alphabets from the list of alphabets on each sheet every day. The number of letters and the size of the letters are inversely proportional to each other. That is, each day the size of letters is decreased and simultaneously, the number of letters (that can fit on a sheet) is increased. Thus, as the days of the intervention continue, the change in both size and number of letters that participants need to cancel leads to a

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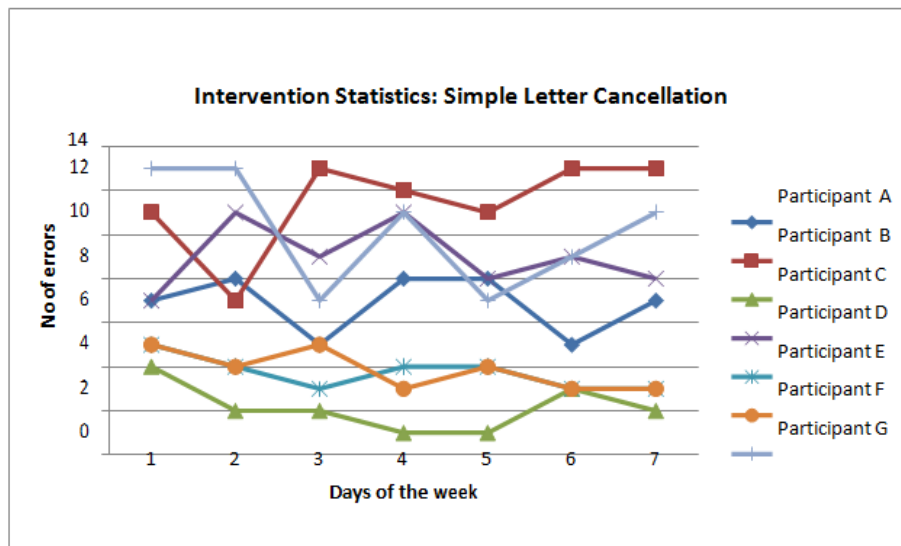
more sustained effort for a little longer each day. Difficulty level of the task also increases along with the days of intervention.

The caregiver was trained to invigilate the participant while he\she is doing the task. A track on the number of errors committed by the participant was kept. This was done by counting the number of omissions and commissions made by the participant. The caregivers were instructed to keep a record of the total time taken by the participant to finish the task, as this would help show if there is a difference in how participants perform in the post-test (versus their scores for the pre-test). However the researcher found that most of the caregivers failed to keep a note of this, hence that information couldn't be used.

For the ease of understanding and also for its complexity, the scores of the 2-week letter cancellation task is divided into two: for week 1 (Day 1-7) the task is referred to as Simple Letter Cancellation and for the week 2 (Day 8-14) task scores are classified as Complex Letter Cancellation.

2.1: Task: Simple Letter Cancellation

The given graph represents the number of errors committed by the 7 participants on week 1 task of Simple Letter Cancellation. Interestingly, no participant showed a steady trend in the number of errors committed across the week.



Graph 2.1.1: The number of errors committed on Week 1

As can be seen from the graph, each participant shows different patterns in the number of errors committed. Participant C, E and F have restricted all their scores within a limited range, which is below 6. While Participant A, B and G remained on the top half of the graph. Since this is the first task of the intervention, this can be used to understand the trend of the group in terms of performance of different participants.

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Table 2.1.1 The number of errors on each day of Week 1

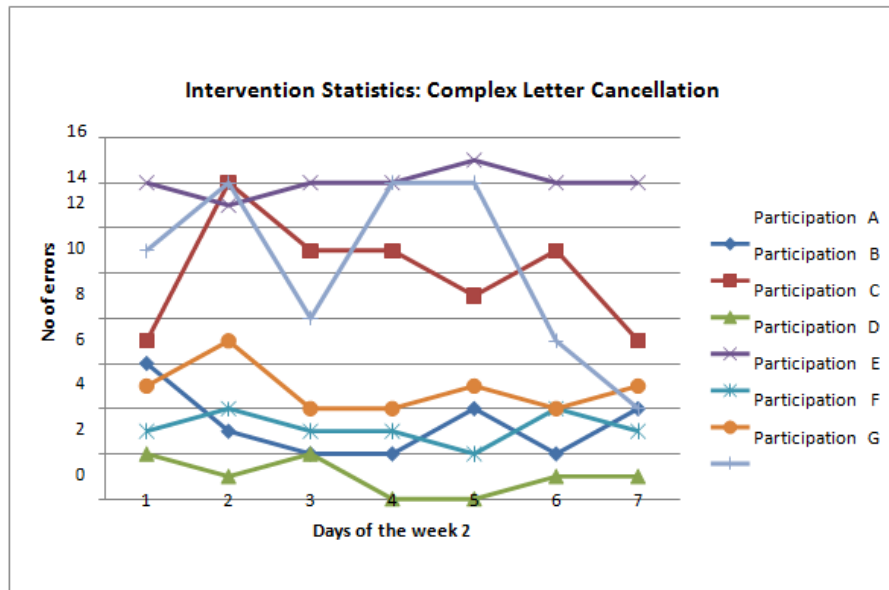
<i>Participation ID</i>	<i>Day 1</i>	<i>Day 2</i>	<i>Day 3</i>	<i>Day 4</i>	<i>Day 5</i>	<i>Day 6</i>	<i>Day 7</i>	<i>Range</i>	<i>Mean of errors</i>
A	7	8	5	8	8	5	7	5-7	6.85
B	11	7	13	12	11	13	13	7-11	11.42
C	4	2	2	1	1	3	2	1-4	2.14
D	7	11	9	11	8	9	8	7-11	9
E	5	4	3	4	4	3	3	3-5	4
F	5	4	5	3	4	3	3	3-5	3
G	13	13	7	11	7	9	11	7-13	10.1

A comparison between the range of errors on day 1 (5-13) to that of day 7 (3-13) shows the limited impact of the task on the participants. Interestingly Participant B and Participant G are the ones who performance varied the maximum across the week. As can be inferred from the table, the number of errors varied across a range of 7 – 13 for both the participants. On the other hand, Participant A, E and F remained more or less the identical with a range difference of 2. There is a marked difference in the average number of errors committed by each participant, with Participant B has made the maximum number of errors across the week whose mean of errors is 11.42. On the other hand, with mean error of 2.14 it is the Participant C made the minimal number of errors on week 1.

2.2: Task: Complex Letter Cancellation

The second week of the 4-week intervention is Complex Letter Cancellation. The nature and kind of this task is similar to that of the Simple Letter Cancellation, but in this case the size of the letters and also their count increases as the days of the intervention. This requires the participants to prolong their attention as there is a simultaneous increase in the number of letters to be cancelled. Here too the error is calculated based on the number of omissions and commissions.

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Graph 2.2.1: The number of errors committed on Week 2

The graph presented below represents the number of errors made by the sample across the seven days of Week 2. Here can be seen a noticeable difference in the performance of each participant. With reference to the graph, participants A C E and F remained more or less identical to each other with a steady error pattern. The performance of B, D and E varied drastically between and within each other. Participant G has shown a drastic variation in the number of errors committed with scores taking evident hike and slump and then a sudden decrease in the number of errors made. The range difference for this participant was 10 and the mean of errors was 10.28. Participant B (mean of errors = 10) also showed a similar trend as that of G. However, the highest number of errors was made by participant D whose mean of errors was seen as 14. As can be inferred from the given table this participant didn't not show much variance in performance and his score ranges between 13- 15 all throughout week 2.

Table: 2.2.1, The number of errors on each day of Week 2

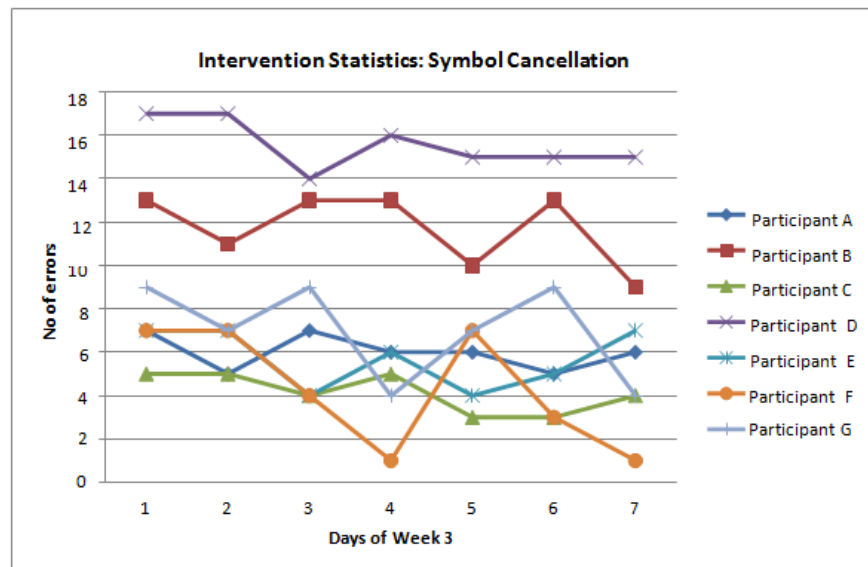
Participation ID	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Range	Mean of errors
A	6	3	2	2	4	2	4	3-6	3.28
B	7	14	11	11	9	11	7	7-11	10
C	2	1	2	0	0	1	1	0-2	1
D	14	13	14	14	15	14	14	13-14	14
E	3	4	3	3	2	4	3	2-4	3.14
F	5	7	4	4	5	4	5	4-7	4.85
G	11	14	8	14	14	7	4	4-11	10.28

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Participant C showed the least number of errors with scores ranging from 0-2 as can be inferred for table 2.2. A more or less steady fashion was shown by rest of the participants (A, C, E, F) across the week and as can be referred in the graph 4.2.2, clustered at the bottom with minimal drifts.

2.3: Task: Symbol Cancellation with Distracters

The task for week 3 was Symbol Cancellation with Distraction. The principle behind this task is similar to that of letter cancellation, except for the change in the character used, i.e., instead of letters symbols were used. The difficulty level of the task also increase as the days of the intervention continues. In order to intensify the task, a distracter was added into the task. As in, the participants were asked to listen to any music of their choice simultaneously while doing the symbol cancellation. The music is expected to act as a distracter to the task and so the participants are expected to pay greater attention for the successful completion of the task.



Graph 2.3.1: The number of errors committed on Week 3

The graph 4.2.3 gives an interesting outlook. There is a clear division between the performance of the participants. With reference to the given graph, there has been formed two kind of performance. One set consists of Participants A, C E F and G; clustering at the bottom of the graph with restricted range difference. As compared to their performance in the previous task, participants A C E and F remain consistent, while Participant G has also shown a reduction in the number of errors committed and joined the bottom of the graph. Listening to music didn't seem to have a pronounced impact on their performance as it remains more or less intact. Out of the above mentioned five participants, Participant F has shown the maximum fluctuations in their scores than anyone else, as can be inferred from the graph.

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Participant B and D remained fixed at the top of the graph, indicating more number of errors and less improvement. Participant B who holds the second position from the top shows a gradual drop in the number of errors committed, while Participant D occupies the top most position with maximum number of errors n minimum change in their scores. More interestingly, this participant seemed to have reached a state where the error remains constant from day 5 onwards.

Table: 2.3.1 The number of errors on each day of Week 3

<i>Participant ID</i>	<i>Day 1</i>	<i>Day 2</i>	<i>Day 3</i>	<i>Day 4</i>	<i>Day 5</i>	<i>Day 6</i>	<i>Day 7</i>	<i>Range</i>	<i>Mean of errors</i>
A	7	5	7	6	6	5	6	5-7	6
B	13	11	13	13	10	13	9	9-13	11.71
C	5	5	4	5	3	3	4	3-5	4.14
D	17	17	14	16	15	15	15	14-17	15.57
E	7	7	4	6	4	5	7	4-7	5.71
F	7	7	4	1	7	3	1	2-7	4.28
G	9	7	9	4	7	9	4	4-9	5.85

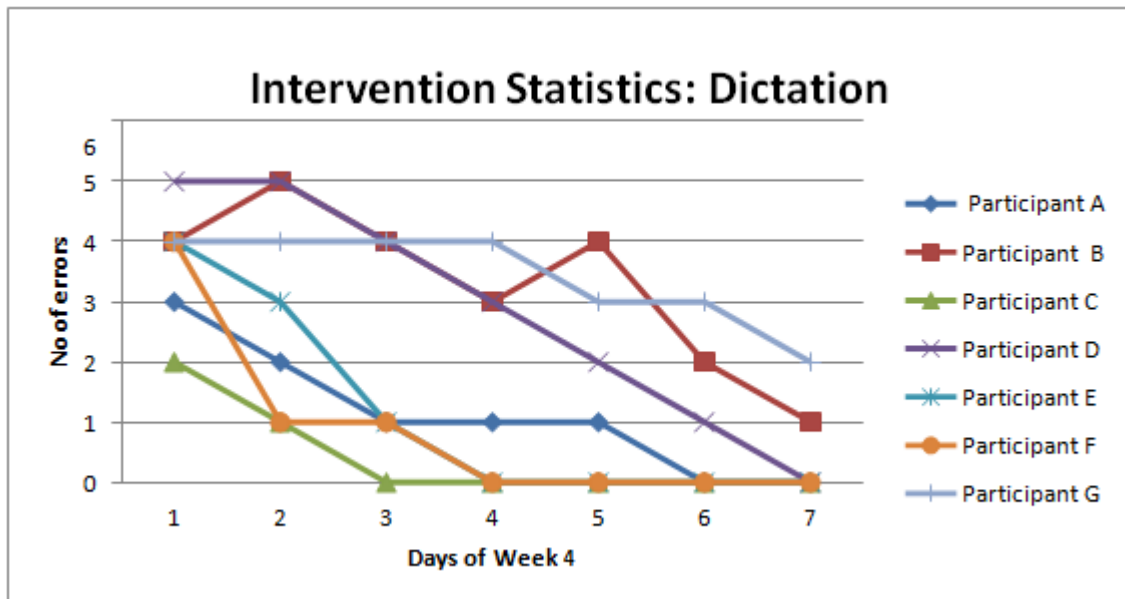
The week-3 task produced an output in such a way that, the range difference was held small by all the participants, as compared to the previous two tasks. By referring to the table it can be seen that, Participant F has the maximum range (2-7) while Participants A (5-7) and C (3-5) have the minimum. However, the highest number of errors was committed by Participant D whose mean of errors is 15.57 with a range difference of 3. It is inferred from the table that, there is a consistency in the errors of this participant, making him remains the one at the top of the graph. After him comes Participant B with a mean of errors as 11.71 Participant C and F remains more or less equal to each other with the mean error of scores being 4.14 and 4.28 respectively and the range difference being 2 and 6 respectively. They remained as the ones with least means of errors. Rest of the participants remained in between this range.

2.4: Task: Dictation

Dictation is the task on week 4. The participants were given a set of 10 Malayalam words and a check on the spelling was made. One mistake in the spelling is marked as an error and then the total of those were taken. The range of errors was between 0 and 10. That is 0 denotes no error, while 10 denotes the maximum. This same set of words was used of dictation throughout the time when the number of error was 1. There were no fixed days for this assessment. The task

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would come to an end on the day on which the participant's error score becomes 1. Therefore, the number of days of intervention varied across the participants.



Graph 2.4.1: The number of errors committed on Week 4

Unlike all results of all the other three weeks, on this task the participants showed a similar trend: A trend of gradual decline. All participants except Participant G attained the desirable 1 error within 7 days. In fact, five out of seven people had zero as their last score. With reference to the graph 4.2.4.1 1 participants A, C, E and F attained the expected 1 error within the first three weeks itself. It took more days for participants B and G to reach expected error. Participant G failed to achieve that score within a week's time.

Table 2.4.1 The number of errors on each day of Week 3

Participant ID	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Range	Mean of errors
A	3	2	1	1	1	0	0	0-3	1.14
B	4	5	4	3	4	2	1	1-5	3.28
C	2	1	0	0	0	0	0	0-2	0.42
D	5	5	4	3	2	1	0	1-5	2.85
E	4	3	1	0	0	0	0	0-4	1.14
F	4	1	1	0	0	0	0	0-4	0.85
G	4	4	4	4	3	3	2	2-4	3.42

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With reference to the table 2.4.1, it is participant B, D, F and G who have highest range difference, which is four, out of which, Participant B scored the highest mean of errors of all which is 3.28. This participant also showed occasional hikes in the error scores unlike others. At the same time, with a mean of errors as 0.42 Participant C scored the least. More than that, Participant C is the one who had the minimum number of errors and showed the quicker improvement in limited span of time. Rest six of them had a similarity in their pattern with all of gradually reducing their error scores over the week.

3: The pre-test and the post-test Analysis

Table 3.1.1 Scores obtained by the participants on Digit Vigilance test for Sustained Attention pre and post the intervention.

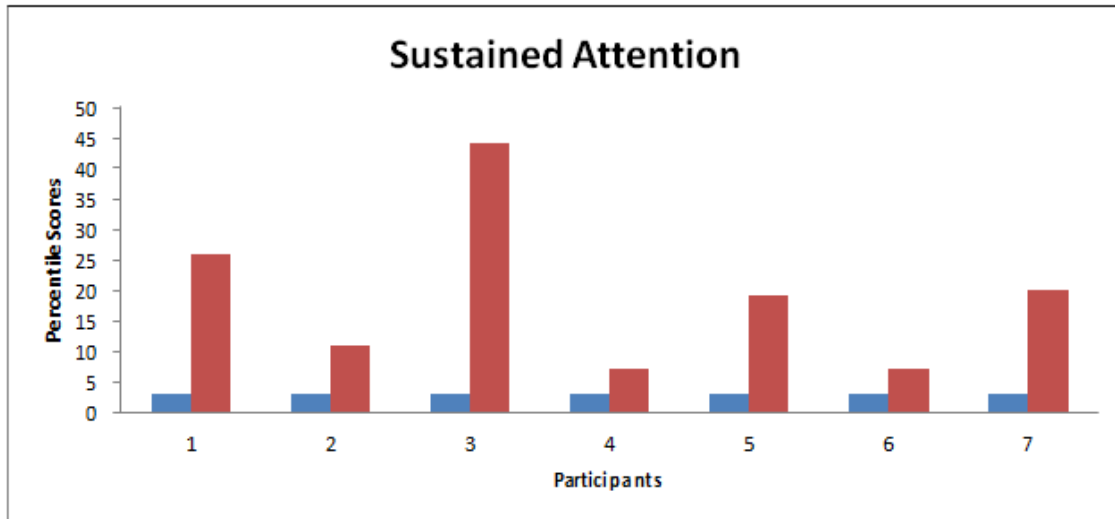
Participation ID	Result of Digit Vigilance Test					
	Pre-test			Post-test		
	Errors	Percentile	Time			Time
		Scores	Taken		Percentile	Taken
A	48	3	720	9	26	560
B	44	3	660	18	11	560
C	57	3	840	4	44	840
D	-	3	Couldn't			720
E	57	3	660	42	7	540
F	39	3	780	13	19	660
G	115	3	780	22	20	660
				42	7	600

Table 3.1.1 shows the comparison of scores obtained by the sample on their pre and post test. The scoring is done on the basis of number of errors committed by each participant and is matched with the corresponding scores on the scoring key. Scoring key has scores ranking from 3 to 100. Lower the score higher is the attention deficit. Anyone having a score of 3 is considered to have attention deficit, and as is evident from the table, only such people are included in the study. Therefore, all the seven participants of this study are people with attention deficit.

The table also shows the number of errors committed by the participants and their corresponding percentile scores on the post-test. It is very evident that they both share an inversely proportional relationship. That is, a decrease in the number of errors will result in an increase on the score. Or in other words, a high percentile score denotes that the participant has made less number of mistakes. For instances, number of errors committed by Participant B is 18 and therefore, he got

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a percentile score of 11. At the same time, the number of errors committed by participants D and G is 42 and so they both scored 7 on their percentile score. All the other participants follow a similar trend.



Graph 3.1.1: *The percentile scores obtained by the participants on the Digit Vigilance for Sustained*

Attention for pre and post tests.

Graph 3.1.1 shows how each of the participant have showed improvement in the scores obtained. All of them have shown an increase in the scores obtained, even though they some haven't shown a noticeable difference. As can be seen from the graph and the table, Participant C is the one who has the highest score and hence has shown remarkable improvement of all. Participants D and G have secured a score of seven in the post-test, which remains as the least of all scores. Remaining participants follow a similar trend and fit in between these two extremes.

3.1: Triad test for Divided Attention

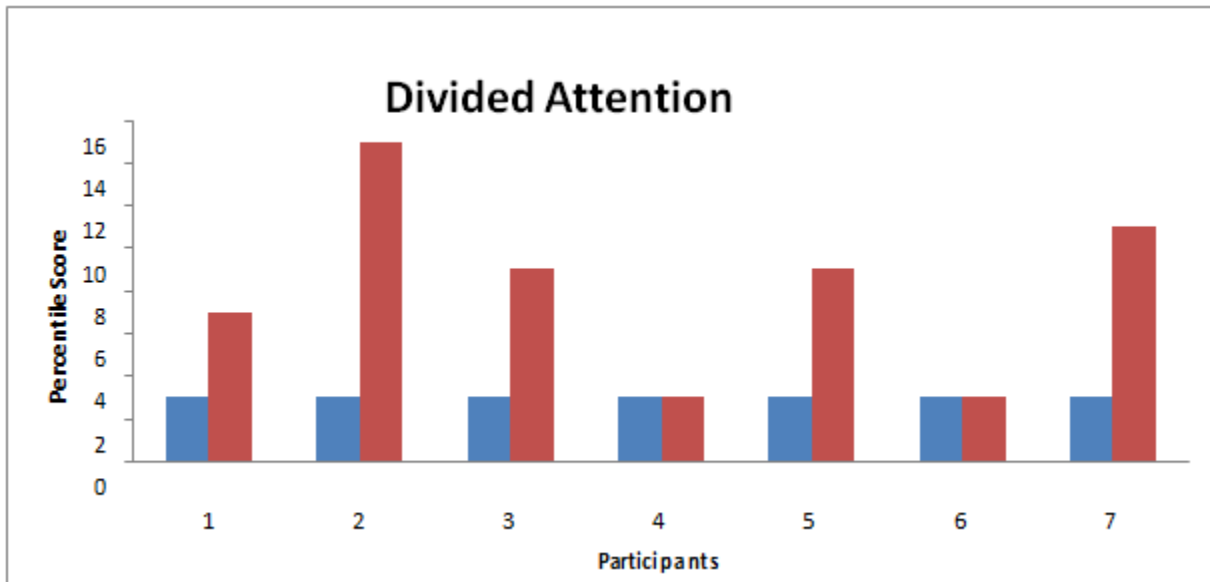
As mentioned above here to people scoring below three for their percentile score are considered to have attention deficit and such people are included in the study. Therefore, the sample in this study scored three on the pre-test. Like in the Digit Vigilance Test, in Triad Test too, a low percentile score in the test would mean high number of errors committed. Or in other words, a person with high percentile score would be someone who committed lesser number of errors and there for problems with divided attention is supposed to be small. In case of this test, the percentile score can range between 3 and 100.

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Table 3.2.1: Scores obtained by the participants on Triad Test for Divided Attention pre and post the intervention.

Participation ID	Results of Triad Test		
	Pre-test	Post-test	
	Percentile Scores	Errors	Percentile Scores
A	3	8	7
B	3	7	15
C	3	3	9
D	3	9	3
E	3	7	9
F	3	9	3
G	3	6	11

Considering this wide range, the percentile scores obtained by each of the seven participants after post-test are restricted to the lower end. The highest of all is 15, which is obtained by Participant B, followed by Participant G whose percentile score is 11. The highest number of errors is nine which is bagged by two participants D and F and hence remained with the percentile score of 3, indicating that the intervention didn't prove to have an impact on their divided attention. Remaining participants lie between this thin range of three to fifteen, which is not a good indicator on the intervention.



Graph 3.2.1: The percentile scores obtained by the participants on the Triad test for Divided Attention for pre and post tests.

By referring to table 4.2.2.1it can be seen that Participant B has secured highest score in this scale than anyone else. A small variation is shown in the score by rest of the participants. An

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important thing to be noted here is that two participants out of seven didn't show any change in their score, which is an indication that this intervention didn't have an impact on them.

4: Inferential Statistics

In order to check for the statistical significance of the data available, Wilcoxon matched-pairs signed-ranks test was used in the study. The Table 4.1 the ranks obtained on Wilcoxon matched-pairs signed-ranks test and the test statistics of Wilcoxon matched-pairs signed-ranks test is shown by Table 4.2.

Table 4.1, The ranks of Wilcoxon matched-pairs signed-ranks test

Test Pairs		Mean Rank	Sum of Ranks
Digit Vigilance Pre-test & Digit Vigilance Post-test	Negative ranks	3.50	10.50
	Positive ranks	3.50	10.50
Triad test Pre-test & Triad test Post test	Negative ranks	4.67	14.0
	Positive ranks	3.50	14.0

Here it can be seen that the sum of positive ranks equals sum of negative ranks on both the tests.

Table 4.2: Test Statistics of Wilcoxon matched-pairs signed-ranks test

Serial No	Variable: Attention	z Score	Significance
1	Sustained Attention	1.00	Not Significant
2	Divided Attention	1.00	Not Significant

* $z \leq 0.05$ is considered significant

The Wilcoxon Signed Ranks Test for matched pairs was used to assess whether sustained and divided attention of participants ($N = 7$) with brain trauma were modified by giving them a 4-week home based attention retraining based on the change between their before and after responses. The results revealed a statistically insignificant difference in their attention after the retraining where $p \geq 0.05$. The sum of both the positive and negative ranges for sustained attention pre and post test totaled as 10.50, and that of divided attention is 14.0. Since sum of negative ranks equals to the positive ranks, the results revealed that participation in the home based attention retraining program did not have a positive impact on the attention of the sample. This interpretation stands true in the case of both sustained attention as well as divided attention.

DISCUSSION

For the commonly held understanding that medication and physiotherapy is all that is needed to treat someone with brain trauma, the individual as well as the family tend to give minimal importance to check on the cognitive capabilities of the affected. Despite the understanding and acceptance that an injury or a shock of any intensity to the brain has very chances of causing

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problems to the cognitive processes such as memory, language etc, the reluctance to take up help to improve these aspects after a brain trauma is surprisingly very limited. This can be seen as a major reason for the limited sample size. Of the sixteen people who were assessed to have attention deficits, only seven could complete the intervention. Lack of interest or motivation was found to be one of the key concepts that need to be discussed. Since there were only seven participants for the study, the researcher got the opportunity to observe and study them in greater detail than expected.

The first sample to be studied was Participant A, a 25 years old lady who is a nurse by profession. She met with a road traffic accident seven months (October, 2014) before the study and had frontal and prominent internal injury. She was found to be consistent in the scores she obtained each day throughout the 4 tasks she did. There was uniformity when it comes to each task she did. The number of errors she made remained more or less the same in the very first and very last days of the intervention. There was a noticeable difference in the scores of her post tests too, showing a significant improvement in the sustained attention. The researcher found her to be a motivated individual who was looking forward to get back her work as a nurse. She was interested in the tasks given to her. Moreover, her mother who was her primary caregiver was found to show genuine interest and involvement throughout the intervention, another driving factor that kept her motivation intact. In fact, she was the only participant who was keen on seeing her improvement on a daily basis, by have a record of the number of errors she committed each day. She made sure that she would meet the researcher every week and discuss about her improvements. Moreover, the researcher found the Participant and her caregiver to share a good bond with the researcher and could be seen to have an impact on the participant's performance. The researcher also found it easy to psycho-educate the participant and her caregiver about the importance such an intervention and also about doing similar tasks after the study too. The education background of the participant which is medical in nature could be a factor. Similarly, the age of the participant and her aspiration to be an earning- independent lady was pronounced throughout the span of time. Therefore, the age, education background, level of motivation, attitude of the caregiver and the relationship with the researcher were found to be significant in the performance of Participant A.

Participant B is a 26 years of old undergraduate male, who recently got back to work as a graphic designer. He met with a road traffic accident a month (May, 2015) before the first review by the researcher and was assessed to have moderate level of injury. As discussed in the chapter on results, he maintained evenness in the number of errors throughout the study. He was the one who scored highest in all the four weeks tasks and showed variations to a narrow extent. Also, he is only one who took seven days to complete the week-4 activity of dictation. His post test score on Digit Vigilance test which is used to assess sustained attention did show improvement but to a limited extent. However, he scored the highest on Triad test which is used to assess divided

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attention. From the first day of review it wasn't easy for the researcher to psycho-educate the participant and his caregiver (who was the mother on the first day) about why such a task is important for him. Both of them seemed to be preoccupied with other aspects of treatment like medication and physiotherapy alone. This was made evident from the number of times alterations were made to the scheduled appointments to be matched with the ones of their physiotherapy, so that they didn't have to come for this alone. The inconsistency in the caregiver made it difficult for the researcher to discuss, validate and give feedback about his performance. It was his mother on the first week and so she was trained to do the intervention on him. The researcher never got a chance to meet her again, since his father came with him the next week. For the remaining three reviews the patient came by himself and so, the researcher faced limitation to deal with him. He got back to work as a graphic designer on the third week of intervention. This was when he said he found it difficult to do his work like before and spent some time with the researcher to know what all can be possibly done to get back to his previous state. While this can be seen as a progress, he had issues to find time to do the daily task because of his busy work timing. The researcher had to take effort to maintain professional boundaries with the participant as he was found to break them and know about the personal life of the researcher. However, this interest seemed to be one of the reasons that triggered him to finish the task. Therefore, in the case of Participant B duration of his illness, inconsistency and attitude of the caregiver, attitude towards the researcher, busy work life as well as the number of days post injury could be some of the points worth noticing here. However, the researcher couldn't come up with any logical reason to his improvement in the divided attention while his sustained attention didn't seem to have had a great progress. For these reasons, the researcher remains skeptical about his regularity in doing the task.

The 22 years old married under graduate lady is Participant C. She met with a road traffic accident two months (May, 2015) before the first review and was assessed to have mild traumatic brain injury at the start of the intervention. The number of errors she committed was small as compared to others and tended to gradually show a reduction in the number of errors over the simple and complex letter cancellation. However, she used to take long time to finish the task, but with minimum errors. On the third week, on the symbol cancellation with distracters task the number of errors increased and she was found to be irritated and annoyed. She scored the highest on the Digit Vigilance test which is used to assess sustained attention and is the one who showed the highest improvement as compared to others involved in the study. Her scores in divided attention also shows improvement, but not to a great extent. The researcher found her to be a short tempered person who gets easily irritated and annoyed. But at the same time, she seemed to be patient and inflexible until she finishes her task. This personality trait of her could be an important indicator of why her score has gone up in sustained attention and not so much of divided attention. Marital status also proved to be important here, as she is recently married and was helping her husband with their family business. She was motivated to go back to doing the

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accounts of her husband's business. Her husband, who was constantly there as a caregiver was also a major source of support as he would make sure she does the task daily, counts the number of errors, discusses about her improvement and sort the researcher's help to find activities and task of similar nature even after the end of the intervention. May be for his knowledge or educational background or for his strong desire to see an improvement in Participant C, the caregiver made sure she gets everything she wants and it is his attitude that the researcher would appreciate the most in the case of Participant C. Therefore, the participant's personality traits, involvement of the caregiver, the caregiver's educational background, wish to go back to work, and marital status seemed to have involved in the betterment of Participant C.

Participant D is the 55 years old housewife who had the brain trauma due to a fall 6 months (April, 2015) before the first review. Her scores are the ones with maximum variations compared to all among the sample. The number of errors she secured was the highest of all in all the four tasks given to her. Her post tests scores made it evident that her improvement on sustained attention is very minimal and that she hasn't shown any improvement at all on divided attention. Participant D showed the least improvement of all in the study. Four days of the whole intervention she couldn't finish the task of the day and ended up handing over the incomplete sheets. Her daughter who was a nurse was her caregiver. Even though the caregiver was genuinely involved all throughout the intervention the researcher and the caregiver found it very difficult to motivate her and get her to do the task. There were times the researcher felt that the participant was just not trying at all. The participant used to angry with the increase in the number of letters to be cancelled each day and at times ended up not finishing the task. The caregiver also reported that it was very hard to make her do the work on the third week when distracters were involved and that she gets too fuzzy on those days. The researcher found Participant D got used to the way she is and was not looking forward for any improvement. Her age could be a reason. Basing on what the caregiver said, Participant D started enjoying the secondary gains that the status of being an ill person and so didn't want to show any improvement. Another point that came to the notice of the researcher is that the participant was preoccupied and sad that time for her daughter to return back to work was approaching. The researcher assumes that this would also have an impact on the participant's performance. Therefore, apart from the motivation level and age of the participant, attitude of the participant, the need to improve, the secondary gains of being ill and also the state of mind of the participant at the time of intervention seemed to have importance in the performance, despite having a healthy involvement of a caregiver.

Participant E is the youngest of the sample. He is 18 years old and the brain trauma was due to an accident that took place immediately after his 12th std board exam which was 3 months (April, 2014) before the first review for the intervention. He was assessed with moderate TBI and prominent internal injury along with the frontal lobe injury. The number of errors obtained

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by him in the letter cancellation activity was small which ranged from 2 to 5. But his scores have gone up when it came to symbol cancellation with distracters, but not too far. He finished the Dictation task in three days. His post tests scores shows improvement on both sustained and divided attention, but more in the former. He is the only child of his parents, of which his mother is the primary caregiver. He is from a lower middle class family and the researcher found that he was a studious student and has scored high grades for his higher secondary exams. Since he hadn't completely recovered from the injuries after the accident he have to miss a year of college and that has brought him great distress. This seemed to be a reason for his motivation to be cooperative to the researchers, do the task with interest. The caregiver was mostly sad and pessimistic about the full recovery of Participant E and this has somehow been communicated to the participant. The researcher found her to be over involved in the matters of the participant and this had caused irritation to the participant. She kept being so even after the researcher psycho-educated her about the repercussions this can cause in the performance of the participant. Along with the tasks of the intervention he was practicing other activities that would improve cognitive abilities such as Sudoku, letter cancellation from newspaper which would have improved his abilities further. Unlike others, the researcher could be there with him in person for two and a half week to monitor him doing the task. However, after getting discharged from the hospital his family found it difficult to reach the researcher due to the distance from their house to the hospital. Therefore, the researcher could go to their house and observe lot more, which would have strengthened his relationship with the researcher. Therefore, the financial status of the family, the over-involvement and pessimistic attitude of the caregiver about the recovery of the participant, the presence of the researcher as well as the accessibility to the researcher in terms of distance have been found to be crucial in the performance of Participant E.

The 40 years old married male is Participant F. He is an auto driver and is educated up to Predegree. He is the breadwinner of the family and stays with his wife and 2 children. He met with the accident almost 9 months before and was assessed to have mild TBI at the time of first review. His errors are consistent in the first two weeks and increased on the third week, during which he stopped using distracters after the first two days of week three. However, he got done with the dictation on the second day itself. Pretest scores showed improvement in sustained attention. However, the intervention didn't prove to have an impact on divided attention and he remained to have divided attention deficit. Participant F came across as a hard working middle aged man trying to manage the financial burden of the family being the only bread winner. He was cooperative with the researcher to a certain extent. The researcher found him sharing his personal issues such as those with the family and financial trouble etc with her more than his improvement due to the intervention. There were times when the researcher felt that he didn't give importance to his condition after the trauma or about the intervention. There was once when he said, such minute things don't matter, when he had lot more things to worry about. The researcher felt that he finished the intervention for the relationship he built with the researcher, as

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he was having a weekly venting out session. He didn't have a caregiver to come with him or to invigilate his tasks. He never brought anyone along even after constant reminders. Lack of time was a major problem he had to face due to busy work life. The researcher is left wondering why he still managed to still come to her even without finishing the weekly task or without any interest in seeing an improvement. Therefore, absence of caregiver, lack of time, lack of concern about his own condition, financial burden and relationship with the researcher is found to affect the performance of this participant.

Participant G is an 18 years old male Under graduation student who had the brain trauma 10 months (November, 2014) before the start of the intervention. He had been undergoing Physiotherapy since then. His mother is his primary caregiver, along with his father and elder brother. His scores remained high throughout the intervention as discussed in the previous chapter. He is one who showed maximum fluctuations and inconsistency in scores. On the task Dictation, even after seven days he could not reach the preferred score of one. His post-tests scores showed improvement, but not to great extent. The score shows that he has showed improvement on divided attention than the sustained attention. The researcher found him to be least interested in the intervention. So was his family. Both the participant and his family were cold to the researcher and she found it difficult to make them understand the importance of such tasks in his faster recovery. Both the parties were concerned about the physical improvement and approached the researcher as if task is of use only for the researcher and not for them. Therefore, the lack of interest, need and motivation are the crucial factors in his performance.

On the whole, greater degree of improvement was shown by the participants in sustained attention assessed using the Digit Vigilance test than divided attention assessed using Triad test. One reason for this is the nature of training given to the sample. The tasks of the activities were majorly to cancel letters and symbols in order to increase the attention span of the sample. This resembles that of the digit cancellation task of the Digit Vigilance test. That is the test and the tasks resembled each other and hence, it is natural for the participants to gain mastery over such a task by repetition and familiarity. The only task that trained the participants in division of attention was the week three activity which is symbol cancellation with distracters. This would be rationale for the reduced performance on divided attention. Even then, there are participants who showed increase in their performance on the assessment of divided attention too. This can also be seen as a shared impact of training in sustained attention on divided attention.

However, the intervention was statistically proved insignificant. The small sample size is seen as the major reason for this. Taking into account the score obtained by each of the seven participants in post- tests, the intervention does have a positive impact on the betterment of attention of the participants in the study. The researcher feels that if sample size was high, the intervention would have shown a statistical significance on improving the attention of people

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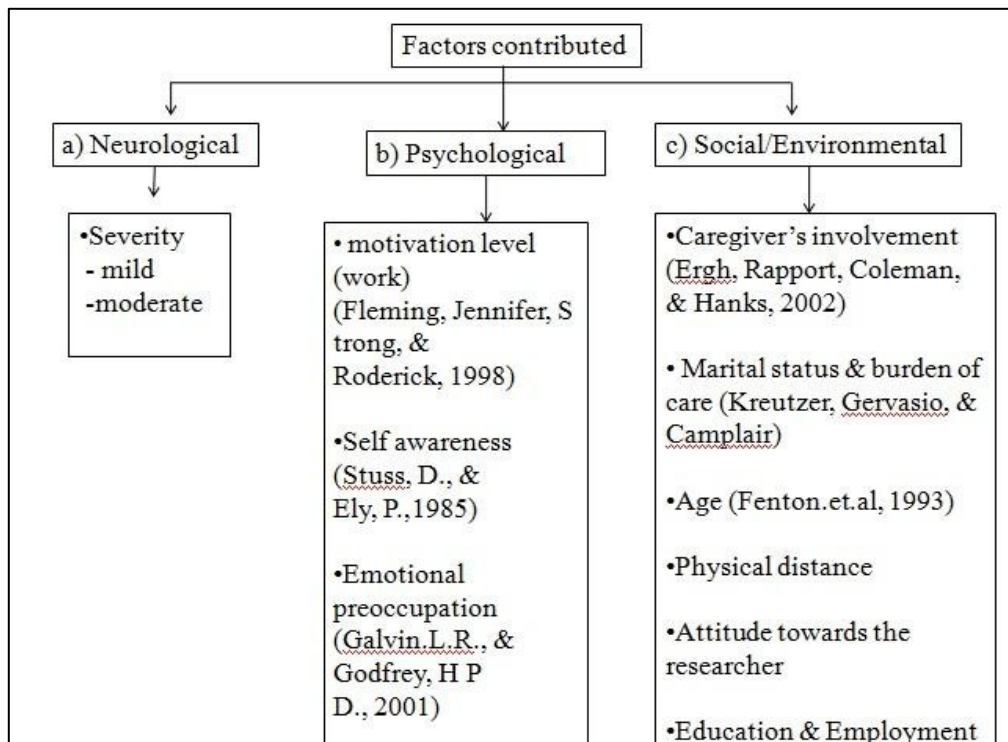
with traumatic brain injury. Limited sample size, absence of a control group, and lack of variety of tasks given are a few of the limitation of the study.

Researcher's Observation

Several factors were found to have an impact on the performance of TBI patients in the current. Apart from the efficacy of the intervention several other factors also found to be important which is shown in the diagram represented below. For the ease of understanding, the researcher has categorized the factors under three broad areas namely, neurological, psychological and socio-environmental. The factor that was found to be relevant by the researcher was supported by relevant researches in the area.

Among the neurological factors severity of the injury was found to be relevant. Out of the seven samples, three were of moderate level of severity and showed least amount of betterment.

Motivation level was something that was found to be of great impact. Those who were motivated themselves or was motivated by the researcher or caregiver has proved to be efficient in the task. Motivating Level of motivation and emotional stress were found to be significant which is substantiated in the study conducted in 1996, which claimed that the dysfunction in the dopamine activity post-trauma is the cause of poor motivation in patients with brain injury. This can lead to associated deficiencies in reward responsiveness and frontal cognitive function of which attention is one. A study was conducted by Fleming et.al, on the relationship between self awareness, emotional distress, motivation and outcome in adults with TBI. Self-awareness after brain injury is associated with greater motivation to change behavior and higher levels of depression and anxiety (Fleming, Jennifer, Strong, & Roderick, 1998). Substantial studies in this area were backed up by the finding of the current studies also.



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Similarly another key factor that came up in the current study is the impact of caregiver in the performance in cognitive tasks of the TBI patients. A study that investigated the prevalence of psychological distress and unhealthy family functioning among primary caregivers indicated that feeling of burden and alienation is commonly reported. The much likely outcome of this, depression, was prominent among spouses compared to parents in the task of care giving. This finding further substantiated the current study that betterment were shown by patients whose caregivers were parents than those whose were their spouses. (Kreutzer, Gervasio, & Camplair). Hence, psychological wellbeing of primary caregivers is crucial in the treatment. But how feasible it is to expect the caregiver to unconditionally involve into the treatment is the question here. This particularly is relevant as the physical impairment, number of behavioural problems (which according to Marsh et.al are patients' emotional difficulties, anger, apathy and dependency) and social isolation. Adding to this, more than half of such caregivers reported poor social adjustment (Marsh, Kersel, & Havill, 1998). Moreover, distress among caregivers and family members of persons with TBI may stress the entire family system, including the person with injury. Strained relationships, disruption of family roles and communication, delays in rehabilitation and adjustment, and decreased willingness of caregivers to continue to care for the person with injury at home are common in these families (Ergh, Rapport, Coleman, & Hanks, 2002). Despite all these, there are studies which proved that caregivers report higher levels of satisfaction than dissatisfaction with their caregiver roles and hence, adequate family support is relevant for successful coping. It is impossible to generalize the various personality disturbances post the injury because of the varying nature and position of the brain lesion.

The researches further suggested the need to tailor make the rehabilitation timing and approach to match the individual's level of self awareness, motivation and emotional distress. Increasing self awareness seems to have an automatic effect on the motivation levels and state of mind of the patients. As understood from the current study, people who seemed to have high levels of motivation showed improvement post neuropsychological intervention while those who were emotionally preoccupied didn't show much progress. Hence, the key to induce motivation (which was found to be difficult in the sample) is to give opportunity for self awareness. There appears to be a complex interaction between pre-morbid characteristics, injury factors, post injury impairments, personal and environmental factors in TBI patients, which influences "return to work" outcomes in ways that make prediction difficult. Injury severity and lack of self-awareness appear to be the most significant indicators of failure to return to work. A significant proportion of TBI patients, including those who are severely injured, are able to return to productive employment if sufficient and appropriate effort is invested (Shames, Treger, & Ring, 2007). A comprehensive approach-medical and psychosocial-eventually entailing adequate vocational rehabilitation with supported employment can improve outcomes.

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CONCLUSION

The home based attention retraining has been found effective in the participants of the study. Along with the right conduction and monitoring of the tasks given several other factors came into the notice of the researcher which is significant. The age, education background, marital status, employment and level of motivation, interest and need of the participants, the presence or absence of caregiver, attitude of the caregiver, attitude towards the researcher, duration of the illness condition, the participants' state of mind, his or her personality characteristics, the financial status of the family, duration of the researcher's presence, education background and age of the caregiver, the importance given to the recovery as well as the accessibility to the researcher in terms of distance have impacted the performance of the participants. While a good bond with the researcher has proved to be beneficial to the participant's performance, inconsistent caregiver, lack of need, interest and motivation of the participant, the reinforcing effect of the secondary gains of illness, over-involved and pessimistic caregiver has reduced the performance rate of the participants in the study.

Greater improvement is seen on sustained attention than divided attention. The resemblance of the tasks given to the task used in the assessment of sustained attention could be the rationale of this. What so ever it is, the intervention seems to have a positive impact on both divided and sustained attention of the sample. However, the intervention was statistically proved insignificant for the small sample size.

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Appendix

Information Letter and Consent Form

Study Title: Feasibility of Home based Attention Retraining on People with Mild Traumatic Brain Injury

Research Investigator

Name : Aleena Maria Sunny

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Phone : +91 9562240588

This letter is an invitation to consider participating in a study I am conducting as part of my Post Graduation degree under the Department of Psychology at the Tata Institute of Social Science under the supervision of Mrs. Rekha Bos.

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The purpose of the study is to check the feasibility of home based attention retraining on people with mild traumatic brain injury. I hope that the information we get from doing this research will help us better understand the study. There are no ~~identified risks from~~ participating in this research. Participation in this research is completely voluntary and you may refuse to participate without consequence. Even if you agree to be in the study you can change your mind and withdraw at any time. You will receive no compensation for participating in the research study. The data collected from this study will be strictly held confidential.

Thank you for your consideration. Your help is greatly appreciated.

[Your signature below indicates that you have read the above information and have agreed to participate in the study “Feasibility of Home based Attention Retraining on People with Mild Traumatic Brain Injury”.

Name _____

Signature _____

Date _____

Socio-demographic Performa

Name:

Age:

Sex: M/F

Hospital Admission No: Address:

Contact no:

Education:

illiterate/primary/middle/highschool/intermediate/graduate/postgraduate/professional

Occupation: unemployed/unskilled/semi-skilled/skilled/clerical or shop owner or farmer/semi/professional

Diagnosis: Traumatic Brain Injury (Mild/moderate/severe/coma) Brain area of injury : Frontal/ Temporal/Parietal/Occipital

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Age or Marital Status and Mental Well-Being of Female Prisoners Inhabitant of Lucknow Jail

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ABSTRACT

Well being is state of physical, psychological, emotional and social happiness as a whole. Present study intends to assess the mental well-being of female prisoners in Lucknow jail. This study was designed for disruptive nature. The sample of study was consisted of 120 female prisoners in jail. The random sampling technique was used to select the sample from the jail. The collected data was coded, scoring, tabulated and analysed in terms of simple frequency, percentage, ANOVAs test, chi-square test and co-relation test were computed study the relationship between selected independent and dependent variables. The objectives the research work is study on socio-economic profile of the women prisoners, do situational analysis of women prisoners, Assessment of mental wellbeing of female prisoners and study on relationship between selected independent and dependant variables. Present studies were identified such as age, marital status and mental well-being of female prisoners. Most of the respondents 52 % were 40- 60 years old, 80% were married. The result was found that no significant difference between the age or marital status and mental well-being of female prisoners in Lucknow jail.

Keywords: *Female, Prisoners, Age, Marital Status, Mental Health And Mental Well-Being.*

Well-being is a subjective feeling of happiness, fulfilment, and usefulness in personal and social front, success, and support in different aspects of life. Well-being is a subjective phenomenon. Sometimes we see the people who are facing the extremely adverse situation in their lives but they are happy with the positive outlook of life and their well-being in term of physical, emotional, psychological. World Health Organization (1948) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Prisoners are more susceptible for poor well-being due to a number of reasons. First of all those who have committed severe crimes such as murder, robbery and rape are punished by

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court and they have to reside in prison for long period of time. At the entrance of jail they get estranged from their family and they know they have to wait for the long period of time to obtain reunion with the family. After family we get support, happiness, company, help, recommendation and much more from our friends. But in the case of criminals' imprisonment grab this support system from them.

The World Health Organization (2009), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self actualization of one's intellectual and emotional potential, among others." The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The World Health Organization (WHO) defines mental health as:

...a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community

Mental health is a crucial dimension of health as it is a foundation for wellbeing and effective functioning of an individual and the community. Mental health encompasses more than the absence of mental illness and is strongly associated with physical health, behaviour and lifestyle choices which may be influenced by our environment (WHO 2005a). A woman's mental health and wellbeing may be greatly affected by a combination of biological, social, psychological, environmental and economic factors (Commonwealth of Australia 2009b)

A mental illness is a health problem that significantly affects how a person thinks, behaves and interacts with other people. It is diagnosed according to standardised criteria. A mental health problem also affects how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental health is a positive sense of well-being which enables us to survive pain, disappointment and sadness. It requires an underlying belief in our own and others' dignity and worth. Prison should provide an opportunity for prisoners' personal development, without harming themselves or others. Many people in prison have hurt other people, and what follows is not intended to excuse that behaviour in any way. Much of the evidence about the damage caused by prisons is focused on offenders, and not on their families or on prison staff. Yet, prison staff is also affected by many of the same problems, including stigma, the risk to personal safety, and poor working conditions. Prison Reform Trust researchers have found that the vast majority of staff are dedicated professionals, who struggle, against the odds, to work with prisoners. This

briefing is intended to be understood as a testament to the difficulty of their job, rather than a criticism of how they do it.

Knowledge about the ways imprisonment routinely harms people should be a cause for concern for anyone who aims to reduce reoffending. Because of the way prisons operate, even the best are likely to contribute to the loss of housing, the break-up of families and social support networks, and long term unemployment. Mental wellbeing describes one's mental state – how a person is feeling and how well a person can cope with day-to-day life.

If a person experiences low mental well-being over a long period of time, he/she is more likely to develop a mental health problem. However, one still has periods of good wellbeing, where they are able to manage their condition and life without becoming unwell. If a person is facing a difficult time, talking about the way they feel with someone whom they know and trust can often help. Mental health is not simply the absence of mental illness. Mental health refers to the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities and the achievement of individual and collective goals consistent with justice.

Many prisoners have experienced violence in their time before or in prison, often gender based violence from their intimate partners. Three times as many women as men report that they have experienced violence, either physical or sexual, before their imprisonment. Women who have experienced violence and abuse before their imprisonment may have low self esteem and poor skills and suffer from a lack of confidence. Violence and abuse are also associated with poor outcomes in terms of mental and physical health problems, including reproductive health problems.

Suicide and self-harm are important issues for female prisoners and the early period in custody are recognized as being a time of particularly high risk. Studies worldwide have shown that suicide rates in prisons are up to 10 times higher than those in the general population, and suicide is a leading cause of death in custody. The rate of suicide is higher in women prisoners than in male prisoners, in stark contrast to suicide rates in the general population which tend to be higher in men. Features of the prison regime as well as traumatic experiences in childhood and adulthood, mental health problems and a lack of social support are associated with suicidal behaviour. Many more women in prison self-harm than commit suicide. Women prisoners are more likely to self-harm male prisoners and then women in the community.

In the wake of industrialization, westernization and urbanization, Indian society has been passing through drastic and fundamental changes both in the structures, socio-economic and cultural spheres which not only produced a changed physical environment and a new form of economic organization but also affected the social order, solidarity, human conduct and thought.

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Traditionally women, whose role was mainly confined to the domestic area has now switched over to productively job sector. She is found to be actively participating in area sphere of professional life along with the male counterparts. The urbanization, industrialization, liberalization, globalization, and market friendly policies have resulted in increased opportunities for employment to women. Moreover, women centred policies; programmes and projects accelerated the process of women empowerment. Women are participation in economic activities, political insulations and a social sphere has increased to the greater extent. However, because of family disorganization, marital discord, high aspiration level and frustration due to non fulfilment, stress and failure in coping process and alteration women are found to getting involved in criminal activities more in number in the present day society. Statistics on female criminality reveals that female criminals contribute a numerically smaller proportion than that of male offenders. But at present, there is an upward trend in the number of crimes committed by women. The considerable escalation of women sent to prison during the latter 20th century finally helped shift attention to the various social, economic, and medical needs of the historically, neglected population. Women are usually imprisoned for petty and non-violent crimes, mainly for property and drug related offences, and often come from socially disadvantaged communities. In comparison to their free world female and incarcerated male counter parts, female prisoners suffer more frequent and serious diseases and injuries and require and utilize more medical and mental health services. Women especially mothers in prison have special physical and psychological needs. However, correctional institutions continue to offer inadequate healthcare to women inmates and far less than what they offer male offenders. A familiar justification that explains the disparity is that female inmates compose a much smaller portion of the correctional population than men and thereby, warrant less attention and investment by the state. Other matters which make the situation worse are first, the disproportionate prevalence of chemical dependencies among female offenders commonly report far more health problems than those without them.

Prisoners are more susceptible for poor well-being due to a number of reasons. First of all those who have committed severe crimes such as murder, robbery and rape are punished by the court and they have to reside in prison for long period of time. At the entrance of jail they get estranged from their family and they know they have to wait for the long period of time to obtain reunion with the family. After family we get support, happiness, company, help, recommendation and much more from our friends. But in the case of criminals' imprisonment grab this support system from them. This isolation leaves a most damaging effect on prisoners then the jail setting.

Over crowdedness, lack of basic amenities, physical and psychological trouble, the clash between groups of prisoners is the worldwide problem of prisoners. Living environment is one of the components of well-being which is found to be unhygienic, restricted, overfull in many prisons. As a result of an increase in numbers of crime and criminals, prisons are now

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overcrowded in many countries. Crowding instigates aggressive and hostile behaviour in prisoners, it is found in numerous studies that violence in prisons is increasing day by day. Overcrowding in prisons has been also found to be connected with the decrease in psychological wellbeing of the inmates.

Women in the contemporary prison face many problems; some resulting from their lives prior to imprisonment, others resulting from their imprisonment itself. Women in prison have experienced victimization, unstable family life, school and work failure, and substance abuse and mental health problems. Social factors that marginalize their participation in mainstream society and contribute to the rising number of women in prison include poverty, minority group member, single motherhood, and homelessness without attention to these issues; women are often released from prison unprepared to manage their pre-existing problems as well as those created by their imprisonment. There are several critical problems faced by women in prison; most are unmet in the prison environment.

Mental health problems are far more prevalent among women in prison than in the male prison population; up to 80% of female prisoners have diagnosable mental health problems (Corston, 2007). This alarmingly high statistic covers all problems ranging from depression and anxiety to neurosis and psychosis. Within this domain, one can also consider the greater prevalence of self-harm within female prisons. The Ministry of Justice (2011) states that approximately 30% of women in prison self-harm compared to 7% of men. Female prisoners also account for over half of all reported self-harm incidents despite representing only 5% of the total prison population (Davies, 2011).

Wolf et al (2007) argue that gender differences in mental health are informed by women's difficult histories of physical and sexual abuse. This is supported in a report published by the United Nations Office on Drugs and Crime in 2009 which states that the mental health problems of women in prison are frequently a result of lifetime abuse and victimization.

However, there is a contention that mental illness in fact results from imprisonment (UNDOC, 2009). This stems from the fact that women in prison have a significantly greater prevalence of most mental disorders when compared with women in the community (Ogloff and Tye, 2007).

Plugge et al (2006) note that the most significant factor in terms of detriment to mental health for female prisoners is the separation from family, especially children. Separation from family is something that is also experienced by male prisoners yet the situation can be significantly worse for women. This is because there are a relatively small number of female prisons which exist in the UK therefore by definition, female prisoners are more often than not, held at greater distances from home. As a consequence, visits from family and children are often more problematic than what would be expected in relation to a male prison due to increased travelling

time and costs; an issue which will be addressed in more depth later in this chapter. As highlighted in Chapter Two, it is also argued that search and supervision practices in prisons can retraumatise women with histories of abuse, particularly if male staffs are performing these practices (Wolf et al, 2007).

However, the extent to which the prison environment creates such conditions and the extent to which it merely exacerbates pre-existing conditions is a matter of debate (Carlen and Worrall, 2004). Ogloff and Tye (2007) argue that there is little doubt that the process of incarceration has some detrimental effect on people's mental state however there is no evidence that incarceration causes or explains mental illness in prisoners, whether male or female.

With regards to provision, Durcan and Knowles (2006) note that the ways in which women's mental health needs are initially assessed in prison are somewhat questionable. They argue that there is evidence to show that most assessment tools have been developed with the needs of white men in mind, therefore rendering them unsuitable for assessing the needs of women. Ramsay et al (2001) support this, asserting that although there is now a broad range of standardised assessments tools, none have been designed specifically to assess the needs of women.

The Royal College of Psychiatrists (2007) argues that there is still insufficient knowledge of the specific needs of female prisoners to be able to confidently say that any of the service models which are available, are appropriate to be applied in the female prison. This insufficient knowledge is perhaps a reflection of the relative indifference towards women with regards to gender specific healthcare in prison. Corston (2007) notes that no one person or body is responsible or accountable for the provision of mental health care and services for female prisoners; in this way, it is somewhat unsurprising that the rate of mental illness in female prisons is so high.

Rickford (2003) argues that there is an unacceptable gap between the complex needs of women prisoners and the resources provided by the Prison Service. She explains that there is an over reliance on medication while not enough attention is being paid to a support focussed counselling or mentoring approach, which women are shown to respond well to. This is supported by Corston (2007) who argues that only by expanding the range of psychological therapies available, will the unique needs of women with mental illnesses be met.

In a report published by the Sainsbury Centre for Mental Health, it was revealed that in 2007/08, the average expenditure on prison mental health per prisoner was £304 for men and £302 for women. This shows that spending on provision for men is greater, albeit by a small proportion, despite the fact that the higher prevalence of mental illness and therefore the greater need for increased mental health spending lies with women.

Objectives

1. To study socio economic profile of the women prisoners inhabitant of Lucknow jail.
2. To do a situational analysis of women prisoners of Lucknow jail.
3. Assessment of mental wellbeing of female prisoners of Lucknow jail.
4. To study the relationship between selected independent and dependant variables.

Hypothesis

1. There exists no relationship between age of female prisoners and mental well-being.
2. There exists no relationship between the marital status of female prisoners and mental wellbeing.

RESEARCH METHODOLOGY

Research Design

The research design is a logical task and is taken to ensure that the avoidance collected enables to answer a question or to test theories as unambiguously as possible. The research design followed in the present study was descriptive research design. Descriptive nature for used for data collection in the present study “Mental well-being of female prisoner’s inhabitant of Lucknow jail.” Descriptive research is conclusive in nature, as opposed to exploratory. This means that descriptive research gathers quantifiable information that can be used for statistical inference on target audience through data analysis. As a consequence this type of research takes the form of closed-ended questions, which limits its ability to provide unique insights. However, used properly it can help an organization better define and measure the significance of something about a group of respondents and the population they represent. When it comes to online surveying, descriptive is by far the most commonly used form of research. Most often, organizations will use it as a method to reveal and measure the strength of a target group’s opinion, attitude, or behaviour with regards to a given subject. This information could then be studied at face value, measuring trends over time, or for more advanced data analysis like drawing correlations, segmentation, bench marking and other statistical techniques

Local of the Study

The present study was conducted in Nari Bandi Niketan, Gosaiganj Mohanlalganj, Lucknow jail.

Sampling Procedure

The samples for the study consist of 120 female prisoners of lucknow jail. The random sampling techniques were used to select the sample from the selected Lucknow jail. Random sampling focuses on sampling techniques where the units that were investigated were based on the judgement of the researcher. The main goal of random sampling was a focus on particular characteristics of a population that is of interest which was best enable to answer research questions.

Selection of Variables

Based on the available literature variables for the present study were identified. Independent and dependent variable incorporated in the present study are presented as;

Independent Variables Age, Marital status

Dependent Variables - Mental well-being.

❖ Age

Computed years of age at the time of the study were considered as the age of the respondent. It was grammatical classified into three parts

- 20 – 40 years old age
- 40 – 60 years old age
- 60 and above years old age

❖ Marital Status

One's situation with regard to whether one is single, married, separated, divorced or widowed.

It was classified into in of 6 parts:-

- Married
- Unmarried
- Divorced
- Widow
- Separated
- Deserted

Dependent Variables and Their Operational Definition

The dependant variable is the factor that is measured to determine the effect of the independent variable. In the present study assessment of mental well-being were considered as dependent variables. Mental well-being relates to a person's psychological functioning, life satisfaction and ability to develop and maintain a mutually benefiting relationship. Psychological wellbeing includes the ability to maintain a sense of autonomy, self-esteem. Staying mentally healthy is more than treating or preventing mental illness. Mental illness is a term to encompass mental disorders these are an illness which affect mood, affect and the ability to function effectively and appropriately. The hedonic perspective of well-being focuses on the subjective experience of happiness and life satisfaction. Education perspective of well-being focuses on the psychological functioning good relationship with others and self-realisation. This is the development of human potential which when realised results in positive functioning in life and covers a wide range of cognitive aspects of mental health.

Tools and Techniques

- To carry out the present study the following tools were used. A self-structured pre-tested interview schedule to collect general and specific information about the respondent.
- Warwick Edinburgh mental well-being scale year (2006) was used to assess the mental well-being of female prisoners of Lucknow jail.

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The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) comprises 14 items that relate to an individual's state of mental well-being (thoughts and feelings) in the previous two weeks. Responses are made on a 5-point scale ranging from 'none of the time' to 'all of the time'. Each item is worded positively and together they cover most, but not all, attributes of mental well-being including both hedonic and eudemonic perspectives. Areas not covered include spirituality or purpose in life. WEMWBS aims to measure mental well-being itself and not the determinants of mental wellbeing, which include resilience, skills in relationship, conflict management and problem solving, as well as socioeconomic factors such as poverty, domestic violence, bullying, unemployment, stigma, racism and other forms of social exclusion.

Construct validity

Considers the extent to which there is a logical relationship between the scale and other scales or factors known to affect the concept being measured validation of WEMWBS was assessed by the testing correlation between WEMWBS and other scales that measure aspects of mental health, as well as scales that measure general health and emotional intelligence. The correlation was moderately high between WEMWBS and the scale of psychological well-being satisfaction with life, positive and negative affect scale positive subscale and the WHO five well-being index.

Internal consistency

It considers the extent to which WEMWBS's items are focused on assessing mental wellbeing. Scores range from 0 to 1 and are measured by Cronbach's alpha coefficient. The higher the coefficient the more highly correlated the items in the scale for WEMWBS.

Cronbach's alpha coefficient = 0.89

Test-retest reliability

Test-retest reliability is determined by calculating the correlation between two sets of scores for the same group of people who repeat the test after a set period of time. The test-retest reliability score was high for WEMWBS

Correlation = 0.83 after one week (n = 124)

Pre-Testing of Schedule

The interview schedule was pretested on 10 respondents for validity. This mini study was helpful for assessing the calculated information.

Methods of Data Collection

The data was collected through in depth face to face interview to elicit the required information from the female prisoners. The sample was identified and permission was sought from them to conduct the study. Efforts were made to maintain the accuracy precisions and relevance of the answer.

Analysis of Data

The data was tabulated, coded and decoded descriptive and relational statistics tools were used to analyse. SPSS (version 20) was used to analyse descriptive and relational statistics. The data analysis was done using descriptive statistics in term of frequency Percentage and ANOVAs test.

RESULT AND DISCUSSION

Mental well being of female prisoner's inhabitant of Lucknow jail. The study was the finding of the study as obtained after the analysis of the data collected by interview schedule along with standardized scales. The samples for the study consist of 120 female prisoners in Lucknow jail. The random sampling techniques were used to select the sample from the selected Lucknow jail. The present studies were identified. Independent and dependent variable. The majority of the arrested women are belonging to age groups of 20-40 years (30.8 percent) and 40-60 years (52.5 percent). While women belonging to age group of 60 years and above constituted just 16.7 percent in 2016 in nari bandi nikatan jail lucknow. Details are given in Table No.1 below:

Table 1 - Distribution of respondents on the basis of age.

Sl. No.	AGE (in year)	RESPONDENTS (N=120)
1	20-40	37(30.8)
2	40-60	63(52.5)
3	Above 60	20(16.7)

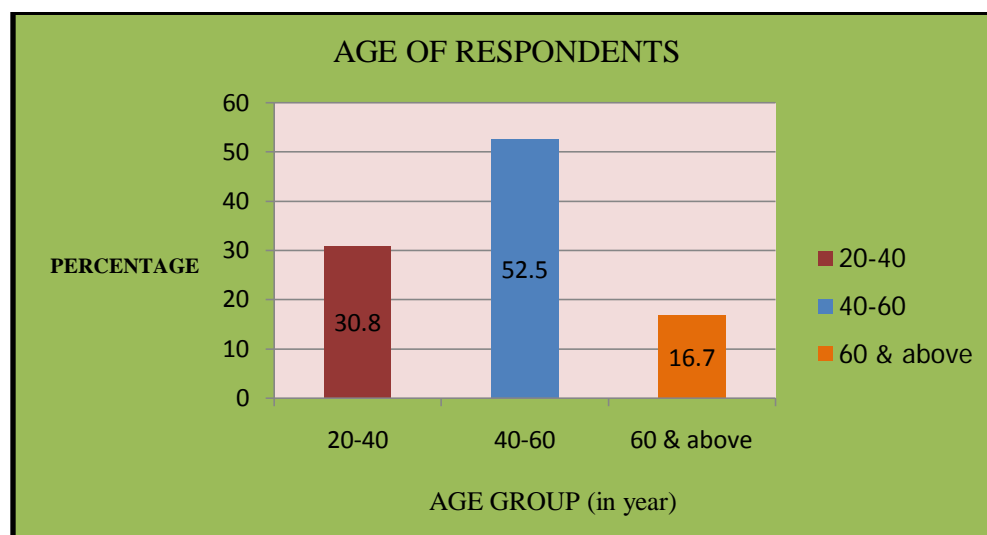


Figure 1 Distribution of respondents on the basis of age.

Close to 80% of the women inmates in the study are currently married while about 20% are widows. None of the respondents was found unmarried, divorced, separated and deserted. Details are given in table no. 2 below:

Table 2 - Distribution of respondents on the basis of marital status.

Sl. No.	Marital Status	Respondents (N=120)
1	Married	96(80%)
2	Unmarried	-
3	Widow	24(20%)
4	Divorced	-
5	Separated	-
6	Deserted	-

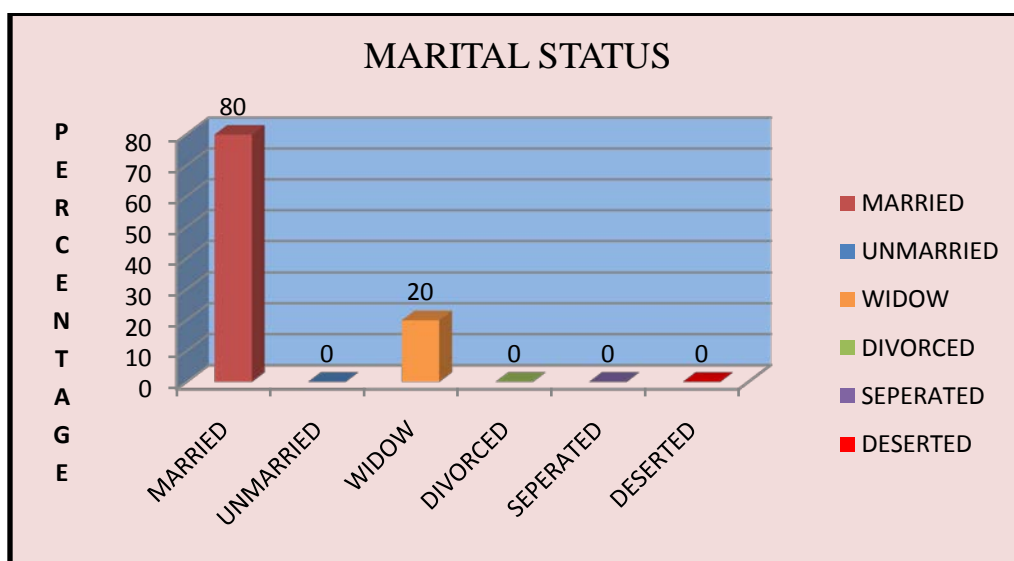


Figure 2 Distribution of respondents on the basis of marital status.

Table 3 - Distribution of respondents is of the scores obtained on mental wellbeing Scale The Warwick- Edinburgh mental well-being scale According to some statements about felling and thoughts are presented in scores in 14 Minimum scores and 70 Maximum scores

Sl. No.	Scores (between 14 and 70)	Respondents (120)
1	37	1 (0.8%)
2	40	1 (0.8%)
3	43	1 (0.8%)
4	44	2 (1.7%)
5	45	4 (3.3%)
6	46	12 (10.0%)
7	47	5 (4.2%)
8	48	8 (6.7%)
9	49	4 (3.3%)
10	50	3 (2.5%)
11	51	5 (4.2%)

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Sl. No.	Scores (between 14 and 70)	Respondents (120)
12	52	2 (1.7%)
13	55	1 (0.8%)
14	57	4 (3.3%)
15	59	1 (0.8%)
16	60	1 (0.8%)
17	62	25 (20.8%)
18	63	7 (5.8%)
19	64	22 (18.3%)
20	65	10 (8.3%)
21	67	1 (0.8%)

The total scores obtained by respondents on mental well being scale the scores ranged from 37 to 67. It was clear from that table that 20.8 percent respondents score 62. While 18.3 percent respondents score 46 the highest and lowest scores 67 & 37 were scored by very few respondents 0.8 percent respondents revealed that majority of respondents 93.3% said that all of the time in felt optimistic about the future. Most of the respondents 77.5% have said that they were all of the time were felt useful and 75% were relaxed were all of the time. While 94.5% said that the all of the time were feelings interested in other people and 1.7 presents rarely interested in other people. On the other hand 92.5% respondents said that the all of the time had energy to spare and 90.8% have been dealing with problems well in all of the time. 85% respondents were said that all of the time feelings clearly and 86.7% were feeling good about themselves in all of the time. More than 44.2% of the respondent who was said that the sometimes feeling close to other people were 15% are sometimes and feeling confident were 52.5% is all of the time. While 45.8% were respondents said that the sometimes able to make up in my own mind about a thing and 95% said that respondents all of the time were feeling loved which is the highest percentage and 0.8% was rarely feeling this. 93.3% said that all of the times were interested in new things and 66.7% respondents said that the all of the times were feeling cheerful and 0.8% were not feeling cheerful.

Table 4- Distribution of respondents on the basis of mental well-being scale

SL. NO.	STATEMENTS	RESPONDENTS RESPONSE (N = 120)			
		RARELY	SOMETIMES	OFTEN	ALL THE TIME
1	I've been feeling optimistic about the future	2(1.7)	5(4.2)	1(.8)	112(93.3)
2	I've been feeling useful	5(4.2)	14(11.7)	8(6.7)	93(77.5)
3	I've been feeling Relaxed	4(3.3)	18(15.0)	8(6.7)	90(75.0)
4	I've been feeling inter-ested in other people	2(1.7)	3(2.5)	2(1.7)	113(94.5)
5	I've been had energy to	1(.8)	6(5.0)	2(1.7)	111(92.5)

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SL. NO.	STATEMENTS	RESPONDENTS RESPONSE (N = 120)			
		RARELY	SOMETIMES	OFTEN	ALL THE TIME
	spare				
6	I've been dealing with problems well	1(.8)	6(5.0)	4(3.3)	109(90.8)
7	I've been thinking clearly	1(.8)	9(7.5)	8(6.7)	102(85.0)
8	I've been feeling good about myself	1(.8)	8(6.7)	7(5.8)	104(86.7)
9	I've been feeling close to other people	8(6.7)	53(44.2)	41(34.2)	18(15.0)
10	I've been feeling Confident	6(5.0)	63(52.5)	41(34.2)	10(8.3)
11	I've been able to make up my own mind about thing	4(3.3)	55(45.8)	42(35.0)	19(15.8)
12	I've been feelings loved	2(1.7)	1(.8)	3(2.5)	114(95.0)
13	I've been interested in new things	1(.8)	6(5.0)	1(.8)	112(93.3)
14	I've been feeling cheerful	1(.8)	23(19.2)	16(13.3)	80(66.7)

Testing of hypothesis

Ho-1: There exists no significant difference between the age of female prisoners and mental well-being.

Table 5 - f values between independent variable age and dependent variable mental well-being.

Sl. No.	Variables	Mean	Sd	Df	F	Sign.	Conclusion
1	Age (in year)	1.86	.677	2	.383	.682	NS
2	Mental well being	63.22	3.894				

Data in table 5 showed that f value .383 was found non-significant at 0.05 level of significance thus it means that null hypothesis was accepted. It meant that there exists no significant difference between the age and mental well-being of female prisoners.

Ho-2: There exists no significant difference between marital status and mental well-being.

Table 6 - *f* value between independent variable marital status and dependent variable mental well-being.

Sl. No.	Variables	Mean	sd	Df	F	Sign.	Conclusion
1	Marital status	1.20	.402	1	.092	.762	NS
2	Mental well being	63.22	3.894				

Data in table 6 showed that *f* value .092 was found non-significant at 0.05 level of significant thus, their null hypothesis was accepted. It meant that there exists no significant different between the marital status and mental well-being of female prisoners.

SUMMARY AND CONCLUSION

In a sample of 120 female prisoners in a provincial jail, we examined the mental well-being status. The sample was collected from female prisoners in Lucknow jail in Lucknow city. The collected data was coded, scoring ,tabulated and analysed in terms of simple frequency , percentage, ANOVAs test, chi-square test and co–relation test were computed study the relationship between selected independent and dependent variables. We found that while prisoners generally report good overall health, they report a number of mental health issues. The study highlighted the importance of taking into account how healthy prisoners were prior to incarceration when interpreting overall changes in health. Factors such as age, marital status, the combination of prior levels of health and the jail environment appear to exacerbate the mental well-being health problems of prisoners.

Many studies demonstrate that very young persons are more susceptible to crime. But in the present study women offenders are mainly from the middle age group i.e. 20-40 years. In some cases women offenders were found to be belonging upper age group i.e. 40 -60 and above. 52.5% of the total respondents belong to the age group of 40-60 years; a sizeable 30.8% are in the age group of 20- 40 years. The old (more than 60 years) constitute 16.7 % of the total respondents.

By the large, married women show a higher crime rate than those who are either unmarried, widow, divorced, separated, deserted. It was found during the study that married offenders accounted for 80 percent of the total offenders. While widow offenders were reported to be just 20 percent. Most of the respondents 22.5% were in under the range of scoring 64.15 % respondents were in under the range of scoring 67 and 11.7 % respondents in under the range of scoring 62 and some of the respondents were in under the range 48 to 69 scores. It was identified the no significant difference between age or marital status of female prisoners and their mental health and mental well being.

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Conflict of Interests

The author declared no conflict of interests.

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Women Empowerment and Its Challenges in Jammu and Kashmir

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ABSTRACT

In Jammu and Kashmir Women are the most vulnerable section due to violence caused by militancy and armed conflict. They are facing number of challenges related to health, economy, education, politics, and more importantly they are traumatised due to prolonged depression of conflict in which number of women become widows. In this study researcher tried to access the freedom of movement within and outside their homes, freedom of acquiring education before and after their marriages and challenges faced by women were also identified with the help of primary and secondary data. Researcher found that women had high level of freedom for their education before marriage and they had high level of freedom for their movement both within and outside their villages.

Keywords: *Women, Violence, Empowerment, Challenges*

Jammu & Kashmir is the disputed territory between Indian and Pakistan. Gender discrimination is on rise due to the prevailing social, economic and political turmoil's (Gul and Khan, 2013). Participation of women in the socioeconomic and political processes has taken a back seat, which has affected the process of development resultantly it has eroded their freedom of speech, freedom to get education and enhancement of employment opportunities. This situation has compelled them to be a silent spectator amidst the fast changing socioeconomic scenario. They have developed signs of exclusiveness resulting in an identity crisis. They are facing traumatized experiences with prolonged depression of conflict, making them mentally and emotionally sick. Women are the most vulnerable section of the society especially under situations of violence caused by militancy and armed conflict (Gul and Khan, 2013).

The Women is subjugated to violence in Kashmir from the past two decades due to conflict. A factor clearly responsible for inhibiting the choices of women in development is domestic violence (Dabla, 2009). Militancy and militarization has unleashed a wave of violence against women. The misuse of gun by pro- government and pro-freedom militants led to series of violent

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acts against women, the state- sponsored gun in the hands of military and Para-military forces led to all sorts of excesses against women, including abusing their chastity. (Dabla, 2009) Violence against women is also present in the form of male control over women which has pushed women into the subordinate position. Even the educated and the economically independent women are at the receiving end, according to anecdotal evidence contained in police data (Sharma, 2010). The practice prevails in urban as well as rural areas of J&K in all educational, economic, social, age, cultural and other groups and classes.

Thus empowerment as a solution, with the aim to improve the status of women in all the spheres of life, has been used in different ways such as the process of giving power, (Naryan, 2002) giving access to resource and decision making. It is said that this is the process of providing access to opportunities, which was denied in the past. Women empowerment refers to enhancing their position in the power structure of the society (Bhuyan, 2006) by giving them power to regulate their day-to-day lives in the social, political and economic domains which would enables them to move from the periphery to the centre stage.

METHODOLOGY

Kashmiri society is patriarchal in nature (Dabla, 2009), which has confined women within the boundaries of their homes. They had limited exposure to modern communication tools, and low level of education with limited freedom of interaction because of discrimination and violence. Under this backdrop researcher tried to access the women's freedom of education before and after marriage, freedom of movement and challenges faced by the women in the process of empowerment. For this purposes present study were carried out in Kupwara district of Jammu and Kashmir. With the help of purposive sampling 200 respondents 100 from each village namely Nutnusa and khooro of Handwara Thesil were selected. The data were collected by administering the set of questions through interview schedule related to their freedom of education and movement. Moreover secondary data were used to identify the challenge faced by the rural women in the process of empowerment. The collected primary data were analysed with the help of simple percentage method.

ANALYSIS AND INTERPRETATION

Socio economic background of the respondents

Background	Sub group	N	Percentage
Age	25 to 35	44	22
	36 to 45	52	26
	46 to 55	72	36
	56 to 65	22	11
	Above 65	10	5
	Total	200	100

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Background	Sub group	N	Percentage
Marital status	Married	118	59
	Widows	30	15
	Divorcees	34	17
	Separated	18	9
	Total	200	100
Educational qualification	Illiterate	20	10
	Primary	34	17
	SSLC	50	25
	HSC	46	23
	Degree professional	8	4
	Degree academic	42	21
	Total	200	100

In this study researcher found, that out of total respondents, majority of them (36%) belonged to the age group of 46-55 years, (22%) of them belonged to 25-35 years , (26%) belonged to 36-45 years of age, (11%) belonged to 56-65 years of age and (5%) of them belonged to above 65 years of age.

Also among the marital groups, majority (59%) of the respondents are married, (15%) are widows, (17%) are divorced and (9%) of respondents are separated. Separated women are those who are living apart from their husbands due to some reasons.

Considering the educational group, out of the total (10%) of respondents are illiterates, (17%) of them had acquired primary level education, (25%) had acquired secondary school level education, (23%) of them are higher secondary school level educated, it is interesting to note that researcher found only (4%) of respondents with professional level of education, while as there are (21%) of respondents who had acquired degree level education but in academic fields.

Opinion on freedom of movement

S. No	Freedom of movement	Always	Some times	Never
1	Friends	107 (53%)	72 (36%)	21 (10%)
2	Relatives	121 (60%)	59 (29%)	20 (10%)
3	Marriage parties	98 (49%)	88 (44%)	14 (7%)
4	Tourist places	56 (28%)	50 (25%)	94 (47%)
5	Travel alone	44 (22%)	70 (35%)	86 (43%)
6	Hospitals	100 (50%)	66 (33%)	34 (17%)
7	Work places	90 (45%)	76 (38%)	34 (17%)

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From the above table it is indicated that high level of freedom of movement were found in visiting friends (53%), relatives (60%) and marriage parties (49%). one third of them are facing restrictions for travelling alone (22%) and for visiting tourist places (28%). They are free to visit hospitals (50%) and work place (90%).

Distribution of respondents on their opinion about Access to education

S. No	Access	Agree	Neutral	Disagree
1	Access to education before marriage	100 (50%)	36 (18%)	64 (32%)
2	Access to education after marriage	78 (39%)	36 (18%)	86 (43%)
4	Freedom for professional education	90 (45%)	40 (20%)	70 (35%)
5	Freedom of children education	187 (94%)	8 (4%)	5 (2%)

From the given results, it is observed that women had high level of access to education before marriage (50%) and after their marriage considerable number (43%) of them had low level of access to education. Moreover nearly half of them (45%) had freedom of receiving professional education. Further almost all of them have accepted that they are free to educate their children (94%).

Challenges to Empowerment of Women in Jammu and Kashmir

The State government has made tangible efforts to empower women by helping women to help themselves and their families by providing them number of programmes such as Support to training and employment programme, Empower skilled women programme, Development of Vocational Skills, MGNREGA and National mission for empowerment of women, but with a huge unemployed women population and significant number of widows and half-widows these programmes are not sufficient and these programmes lack the spirit of bringing change in the attitude of patriarchy. There are many challenges which the women of Jammu and Kashmir is facing significant among them is violence, which is perpetuated at domestic level as well as at state level and illiteracy and ignorance of rural women constraint their empowerment process. Research findings across the state have found that girls are getting married at an early age which affects their overall development to a greater extent. Lack of decision making authority has further pushed women into the subordinate position. Many customs and cultural practices like parents do not send their daughters to schools when they attain puberty, lack of political participation, lack of awareness, Inadequate and unorganized health care delivery system and unemployment are the major obstacles in the path of women empowerment.

FINDINGS AND CONCLUSION

Majority of the respondents had freedom of movement for visiting friends, relatives, hospitals and marriage parties but they are facing considerable level of restriction for travelling alone outside their villages and districts. Most of the respondents had high level of access to education before marriage and after marriage as a customary practise they are stopping their education.

Women Empowerment and Its Challenges in Jammu and Kashmir

Further women in the study area are affected due to violence, conflict and unemployment which have made women selves of their males. Despite number of programmes and policies for their upliftment, women in kashmiri are facing number of challenges related to their health, economy, education, politics, such as domestic violence, declining sex ratio, female feticide and infanticide, late marriage, state violence, dowry harassment, eve teasing, unequal wages, child sexual abuse, child labour and sexual harassment at work. Thus empowerment of women in Jammu and Kashmir demands sustained efforts like improving their education and awareness, involving them into developmental process and promoting welfare atmosphere for women.

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Conflict of Interests

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Avoidance in Family Creates Poor Mental Health in Children

Dr. Vikas Kamble^{1*}

ABSTRACT

Family relations are an essential factor for the overall development of child. It influences personality, attitude, thoughts and beliefs, social skills, emotional and psychological health. Children who are successful and well developed came from families where positive relationships existed between them and their parents, whereas children, who are discouraged and rejected at home they, might suffer from mental health problems. This assumption is tested in the present study. For this study 1620 children belonging in upper, middle and lower society ranged in age from 8 to 10 were randomly selected from different cities of Maharashtra states of India. Family relationship inventory and mental health questionnaire administered to the participated students. The obtained data analyzed by one-way analysis of variance. The results revealed that the mental health of children belonging in upper, and lower class society is affected due to the avoidance family relationships.

Keywords: *Family Relations, Mental Health, and Different Social Groups.*

Recently it is proved by the various researchers that family carry very crucial and significant role in the development of healthy personality by satisfying their essential requirements. Being the first unit of society, family manipulate the overall development of an individual such as cognitive, social, and emotional development. It is the very important context of development in which adolescent's various competencies are developed. Typically family is a context that reinforces adult values; promote school success and supports emotional security. Family members and quality of the relationship between them have led to coping with emotionally evocative situations. Larson and Richard (1991) convey that greater degree of family interaction especially with adolescents is developmentally beneficial.

Scientist in a various discipline such as psychologists, sociologists, educationists, etc. Believe that family provides the primary potential to healthy food for children for their better personality development and well-being. A healthy relationship between parents and siblings is essential for children's sound personality development. The quality of 'family relationships' depends on the

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number of factors like nature of family constellation, the number of family members, parental employment and income, sibling relationship, and socio-economic and religious background of the family (Bala, 2011).

There are very few families were capable of supporting the physical as well as emotional requirements of the adolescents. Family conflicts lead the insecure feelings and emotional instability among the adolescence. If the parents behave more warmly and involved in their children's lives, then they express better. Sandler, Miller, Shart, Wolehik, (1989) were expressed that warm, cohesive home environment with a low level of interpersonal conflicts do a better job of meeting children's physical and psychological needs as compared to the families characterized by high level of conflict and disengagement from each other.

Taken into account all above discussion it is seen that family relationship is most important factor in the wholesome development of children.

Mental Health

In recent days, mental health proves as a very potent role in various human life aspects as well in the life of society. Mental health is a potent determinant of one's integrated personality and balanced behavior identified by the level of his/her adjustment to own self, others and environment (Archana, 2011). There is no area in human life which is beyond the range of mental health. The term mental health does not refer to any one aspect of mental life or any one dimension of human personality. It encompasses all the aspects of the individual's adjustment with himself and others. If this adjustment is characterized by wholesome personal, social, intellectual, emotional or philosophical orientations, the individual is deemed to have good mental health (Singh, 2011). Emotionally healthy individuals accept their weaknesses as well as their strengths. They remain in contact with reality, and they can deal with stress and frustration. Bowman (1965) defined mental health as the ability to function effectively and happily as one's expected role in a group. It is a condition of the whole of the mind as often supposed. It is an outgrowth of one's total life and is promoted or hindered by day to day experiences. Mental health implies the ability to judge reality accurately and to see things, regarding long term rather short term values. It implies the ability to love, to be able to sustain affectionate relationships with other persons. It means the ability to work in one's chosen field with pleasure and productivity. Mental health is a cognitive or emotional well-being and an absence of a mental disorder. From perspectives of the discipline of positive psychology, mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

Mental health is a psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment (WordNet, 2009). According to Wikipedia Dictionary (2010) mental health defined as a state of emotional and psychological well-being in which an

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individual can use his or her cognitive and emotional capabilities, function in society and meet the ordinary demands of everyday life. Longman's Dictionary of Psychology and Psychiatry (Goldenson, 1984), states that mental health is a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms, and coping with ordinary demands and stresses of life. According to WHO (2006) mental health is more than the absence of mental illness. It includes the ability to enjoy life, resilience, balance, flexibility, and self-actualization. Positive mental health consists of protection and development and satisfying human relationships and in the reduction of hostile tensions in persons and groups. Mental health involves positive feelings, positive attitude, and positive behavior. Mental health is something that has to be earned. But its learning does not depend upon the individual alone. In other words, the individual is rarely capable of achieving a satisfactory measure of good mental health exclusively through his/her personal efforts (Archana, 2013).

Thus by above-mentioned explanations of mental health it can be concluded that the meaning of mental health differs by various disciplines such as psychologists, psychiatrists, education and others. It is influenced by a multiplicity of factors like intelligence, personality, education level, academic achievement, cultural level and physical health. Physical health and mental health are closely associated with each other. Mental health plays an important role in the way people behave and the way they feel.

Aim of the study

The present investigation is aimed at to study the effect of avoidance family relationships on the mental health of children.

Objectives of the study

- 1) To find out the influence of family avoidance relationship on the mental health of children belonging in an upper-class society of India.
- 2) To study the effect of family avoidance relationship on the mental health of children belonging in a middle-class society of India.
- 3) To investigate the impact of family avoidance relationship on the mental health of children belonging in a lower class society of India.

Hypotheses of the study

- 1) Low, average, and high avoidance family relationship will create different outcomes of mental health among the upper-class society of India.
- 2) Low, average and high avoidance family relationship will create different outcomes of mental health among the middle-class society of India.
- 3) Low, average and high avoidance family relationship will create different outcomes of mental health among the lower class society of India.

METHOD

Sample of the study

A sample size of this study was high than any other common study. For this study 1620 children from different cities of the Maharashtra state of India were selected by the random sampling procedure. Their age ranged from 8 to 10 years. The sex ratio was kept as 1:1.

Tool used in the study

1) Family Relationship Inventory (FRI):

Prepared by Sherry and Sinha (1987) by Brunken and Crites' Family Relationship Inventory in the Indian situations. The inventory is intended to identify the individuals who feel emotionally accepted, over protected or rejected by their parents. In other words, it measures the acceptance, concentration and avoidance tendency of parents. However in the present study, only acceptance tendency is considered. FRI includes 150 items with true false alternatives. Inventory has high reliability and validity. A high score in each area shows a high degree of one's feeling of his being accepted, concentrated and avoided by his or her parents.

2) Mental Health Questionnaire:

The Mental Health Scale Designed by Kamallesh Sharma, is used to measure the mental health of participants. It consists of 60 items in which 30 positive and 30 negative statements. Every statements have three alternative responses 'Yes', 'Indefinite' and 'No'. The test-retest with interval of two months and split half reliability is found .86 and .88 respectively. The validity coefficient is .79.

Procedure

Principals of the primary schools were contacted first, and permission was sought to collect the data from their school students. After the selection of every student in study their consent was taken to administer the psychology scale. Followed this procedure the group of 25 to 30 students has been made and the family relationship was administered with the help of research assistants.

RESULTS AND DISCUSSION

Table 1 Effect of Avoidance on Mental Health of Children in Upper-Class Society.

Sources of Variance	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	19391.233	2	9695.617	8.226	.000
Within Groups	632940.500	537	1178.660		
Total	652331.733	539			

It can notice in Table 1 that tendency of high, average and low avoidance family relationships creates the different outcomes in the mental health of upper-class society children ($F(2, 537) = 8.226, P < .000$). The between group mean is 9695.617 and within group mean is 1178.660. This

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result accepts the hypothesis, 'Low, average, and high avoidance family relationship will create different outcomes of mental health among the upper-class society of India.

Table 2 Effect of Avoidance on Mental Health of Children in Middle-Class Society.

Sources of Variance	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8597.615	2	4298.807	276.101	.000
Within Groups	8360.933	537	15.570		
Total	16958.548	539			

The one-way ANOVA in Table 2 showed the effect of family avoidance relationship on the mental health of middle-class society children. Between groups mean 4298.807 and within group mean 15.570 yielded 276.101 F value that is greater than the tabulated value shown on df 2, 537. This finding accepts the hypothesis, 'Low, average and high avoidance family relationship will create different outcomes of mental health among the middle-class society of India.'

Table 3 Effect of Avoidance on Mental Health of Children in Lower Class Society.

Sources of Variance	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	98708.226	2	49354.113	45.968	.000
Within Groups	576553.394	537	1073.656		
Total	675261.620	539			

The one-way ANOVA in table 3 showed the effect of avoidance family relationship on mental health of high school students. Between groups mean 49354.113 and within group mean 1073.656 yielded 45.968 F value which is greater than the tabulated value shown on df 2, 537. This finding accepts the hypothesis, 'Low, average and high avoidance family relationship will create different outcomes of mental health among the lower class society of India.

CONCLUSIONS OF THE STUDY

- 1) The mental health of children belonging to upper-class society is affected due to the family avoidance relationship.
- 2) The mental health of children belonging in middle-class society is affected due to the family avoidance relationship.
- 3) The mental health of children belonging in lower class society is affected due to the family avoidance relationship.

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Conflict of Interests

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Influence of Domestic Violence in the Characterization (Growth, Psychological Behavior and Academic Performance) of Teenagers in School / Colleges

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ABSTRACT

In India comprehensive house hold data on this prevalence and costs of domestic violence are lacking. The multi-site study by the international clinical epidemiologists network (INCLEN) is a pioneering effort to estimate comparable rates of violence within and across: India, Chile, Brazil, Egypt and Philippines. According to Violence Prevention Alliance under Global Campaign for Violence Prevention (WHO, 1997), “Violence is the intentional use of physical force or power, threatened or actual, against oneself or against a group or community that either results in or has a high likelihood of resulting in psychological harm, mal development or deprivation”. Children are exposed to or experience domestic violence in many ways. In most domestic violence poses a serious threat to children’s emotional, psychological and physical well-being, particularly if the violence is chronic.

Keywords: *Violence, Parents, Children, Psychological, Emotional*

The international centre for research on woman (ICRW) has conducted a three year research program on domestic violence in India in partnership with researchers from a range of Indian academic and activist organizations. The goal of the program was to provide reliable and sound information with which to identify replicate, expand and advocate for effective response to domestic violence. Violence is the undue exercise of physical power against a person or other living things to cause an injury. It includes threats of physical force, use of abusive language and harassing actions.

Domestic violence in India is endemic .Around 70% woman in India are victims of domestic violence according to Renuka Choudhary, former Union minister for women and child

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development. In most domestic violence poses a serious threat to children's emotional, psychological and physical well-being, particularly if the violence is chronic.

Not all children exposed to violence are affected equally or in the same ways. For many children, exposure to domestic violence may be traumatic, and their reactions are similar to children reaction to others traumatic stressors.

Short term affects of domestic violence on children: children's immediate reactions to domestic violence may include – generalized anxiety, sleeplessness, night mares, difficulty in concentrating, high activity levels, increased aggression, and increased anxiety about being worry about their safety or the safety of a parent.

Long term effects of domestic violence on children are physical health problems, Behavior problems in adolescence (eg juvenile delinquency ,substance abuse).Emotional difficulties in adulthood(e g depression, anxiety disorder PTSD).

Exposure to domestic violence has also been linked to poor school performance, impaired ability to concentrate, difficulty in completing school work, and lower scores on measure of verbals, motor and social skills.

In addition to these physical, behavioral, psychological and cognitive effects, children who have been exposed to domestic violence often learn destructive lessons about the use of violence and power relationships. Violence also linked to expression of intimacy and affects. Violence can be observed under different forms. Violence can be both self inflicted and interpersonal. Self inflicted violence is when an individual harms or causes injury to oneself whereas interpersonal violence is between individuals. It comprises violence within the families against spouse, children and elderly in the family. The commonest form of violence within families is the 'domestic violence'.

'Domestic violence' is a behavioral, emotional, psychological, physical or sexual abuse that one person in an intimate relationship uses in order to control the other. It can take many forms such as threats, name calling, isolation, withholding of money, power or privileges, actual or threatened physical harm or sexual assault. According to Population Reports (2000) domestic violence is violence between intimate partners. It is not just hitting and fighting or an occasional argument rather it is chronic abuse of power.

In Indian society, domestic violence is present at high rate since earlier. A number of studies have indicated that physical abuse of Indian women is quite high ranging from 22% to 60% of women surveyed (Mahajan, 1990 and Rao, 1996). The National Crime Record Bureau (2000) revealed a shocking increase in violence against women i.e. 71.5% which includes torture and

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dowry deaths during the period from 1991 to 1995. In another study 18% to 45% of married men in five districts of Uttar Pradesh agreed that they physically abused their wives (Narayana, 1996). United Nations Population Fund (2007) reported that as many as 70% of married women in India between the ages of 15-49 are victims of beating. Jejeebhoy (1998) carried out a study regarding violence against women in Uttar Pradesh and Tamilnadu and have reported that violence against women is 36 % to 38% in Uttar Pradesh and 42% to 48% in Tamilnadu.

Ego clashes between spouses have been found to be one of the major reasons behind marital discords involving working women (The Hindu, May 14, 2003, p.3). One of the most serious effect of family violence is the damage it can do to a woman's perceptions over time, so that she becomes habituated to the behavior, seeing it as normal or as something she deserves. Most of the women tolerate this violence because they witness the same treatment being meted out to their elder senior women relations and therefore, consider it as normal behaviour customary and of minor nature.

Home environment effects children to a great extent, many people think that children are too young to understand what is happening in the home. Witnessing domestic violence leaves strong imprints in their minds and it can have long lasting impacts on their personality. Children of all ages ranging from infants to adolescents get affected by domestic violence.

In every society, the child suffers incalculable harm which may be mental, emotional, physical and sexual at the hands of those who are supposed to mould them into wholesome personalities. The victims who are thus, scared of life may either belong to childhood or adolescence period.

Children may exhibit a wide range of reactions to exposure to violence in their homes. Younger children sometimes do not understand the meaning of abuse but they tend to believe that they must have done something wrong. They don't have the ability to express their feelings verbally. Children may become withdrawn, non verbal and exhibit regressed behavior which may lead to eating and sleeping problems, anxiety and physical complaints like headaches etc. It is also common to observe temper tantrums, irritability, frequent fighting at school and between siblings, lashing out at objects, teasing pet and attempts to gain attention through hitting, kicking or choking peers and family members. Girls are more likely to exhibit withdrawal. Adolescent children are at the risk of academic failure, school drop-out, delinquency and substance abuse (Martin et. al. 1987; Attala et. al.1995 and Holden & Ritchie, 1991). Nair (1997) and Sunny (2003) reported that witnessing domestic violence can cause long term effects, the children have more physical and mental problems, become more likely to be abusive as adults if they are males.

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The psychological effects for both women and children include loss of self esteem, loss of faith in one's own perception of reality, constant fear of attack, fear of self assertion, depression, feelings of shame, self blame, failure, powerlessness and worthlessness. Domestic violence damages the quality of life not only of the victim, but also the children and the whole family. Moreover, the damage is not temporary but it leaves everlasting marks on the victim and the family. Children are known to be the worst victims of the growing menace of domestic violence. Therefore, it is important to study the children for their physical growth, emotional and cognitive development. With this backdrop, the present study has been planned with the following objectives.

Objectives Of The Study

1. To know the domestic violence in families of the school/college going teenagers.
2. To study the impact of domestic violence on physical growth of school/college Teenagers.

Statement Of The Problem

Domestic violence is usually a pattern of obsessive behaviors, which serve to establish coercive control of one partner over the others. These behaviors may include physical assault, threats of harm or psychological abusive behavior.

Kerala is the pioneer state in the country declared 100% literacy and Kottayam district is the first among Kerala state who achieved 100% literacy. Kottayam is also called as the land of letters. All School going teenagers are belonged to parents of a literate state. A general saying is that domestic violence is less in literate families. Whether literacy is playing a role in violence, hence characterization of the children or not.

MATERIALS AND METHODS

A systematic procedure has been adopted for conducting the present investigation. The result of the present study are based on cross-sectional data collected from 504 school children ranging from 12-19 years. The data were collected from 10 schools in and around Pampady Town.

Even though hundreds of pupils are their in this schools, only selected few were served with questionnaire as per the directions of the principals/Head of the schools. Criteria for sample selection was well planed and carefully executed as mention below:

- i. Children between 12 to 19 years of age were selected (both boys and girls)
- ii. Children should be living with their parents (both mother and father).
- iii. Children from single parent families were not selected.

Age being the most important factor and this factor was carefully assessed. Date of birth was most carefully recorded from the school registers.

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TABLES AND CALCULATIONS

Table No. 1, Participation based on age group:

S No	Age Group Yrs	Boys	Girls	Total	Percentage
1	11.5-12.5	32	30	62	12.3
2	12.5-13.5	33	31	64	12.7
3	13.5-14.5	32	30	62	12.3
4	14.5-15.5	32	30	62	12.3
5	15.5-16.5	33	31	64	12.7
6	16.5-17.5	32	31	63	12.5
7	17.5-18.5	33	30	63	12.5
8	18.5-19.	34	30	64	12.7
Total		261	243	504	100

261yrs and 243 girl students participated in the survey.

Table No. 2, Type of Family:

Type Of Family	Boys	Girls	Total	Percentage
Joint family	71	70	141	28
Nuclear family	182	181	363	72

72% of the students are coming from nuclear family &28% coming from joint family

Table No. 3, Family members details

No Of Members	Boys	Girls	Total	Percentage
3-5	154	153	307	60.91
6-8	86	85	171	33.92
9-11	21	05	26	05.17
total	261	243	504	100

About 61% of student's family having 3-5 number members.

Table No. 4, Birth order details

Order	Boys	Girls	Total	Percentage
First born	75	101	176	34.92
Later born	186	142	328	65.08
Total	261	243	504	100

65% children are born later were as 35 % are first born children

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Table No. 5, Father's education details

Educational Level	Boys	Girls	Total	Percentage
Up to class X	31	26	57	11.3
Up to Degree	94	86	180	35.7
Above degree	136	131	267	53
Total	261	243	504	100

It can be seen that majority of the children's father (88.7) having qualifications minimum degree

Table No. 6, Mother's education details

Educational Level	Boys	Girls	Total	Percentage
Up to class X	17	13	30	5.95
Up to degree	64	65	129	25.6
Above degree	180	165	345	68.4
Total	261	243	504	100

Table No. 7, Occupation of the Father

Type Of Job	Boys	Girls	Total	Percentage
Daily wages	28	22	50	9.92
Salaried class	120	103	223	44.24
Self employed	113	118	231	45.84
total	261	243	504	100

It can be seen that 44.24% of the parents only salaried, balance all are self employed or having daily wages.

Table No. 8, Occupation of the mother

Type Of Job	Boys	Girls	Total	Percentage
House wife	144	116	260	51.59
Daily wages	32	28	60	11.90
Salaried class	24	22	46	9.72
Self employed	61	77	138	26.79

It can be observed that 51.59 mothers are house wife even though they are having qualifications.

Table No. 9, Due to domestic violence/house problems/stress(physical/mental) did you have experience on the following –Tick mark your opinion

S/No	Opinions	No	Some Times	Regularly
1	Feel anxious or nervous when you are with your parents	B-143 G-140	B-105 G-94	B-13 G-08
2	Observed any types of scolding/abusive words used by your parents to each other	B-30 G-24	B-161 G-160	B-70 G-59
3	Experienced appetite change	B-150 G-64	B-98 G-140	B-13 G-39

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S/No	Opinions	No	Some Times	Regularly
4	Psychological withdrawal and isolation	B-35 G-26	B-150 G-144	B-76 G-73
5	Experienced exam fear and worries	B-180 G-176	B-61 G-60	B-20 G-07
6	Experienced poor concentration in studies	B-40 G-31	B-185 G-175	B-07 G-36
7	Feeling of hopelessness and helplessness	B-130 G-153	B-121 G-60	B-10 G-30
8	Sadness	B-182 G-181	B-74 G-59	B-05 G-03
9	Rebellion at home or school	B-31 G-163	B-190 G-70	B-40 G-10
10	Competition for siblings for attention	B-150 G-203	B-93 G-30	B-20 G-10

Table No. 10, Significance Table

Item	numbers	mean	SD (Std deviation)	SEM (std mean error)	t	Df	Significance
Anxiousness/nervousness	504	1.65	0.611	0.37	240	6	.08
Scolding among parents	504	1.29	0.591	.035	260	6	.000
Psychological withdrawal	504	1.31	0.563	.033	254	6	.001
Appetite change	504	1.71	0.677	0.39	253	6	0.07
Exam fear	504	1.63	0.593	0.36	239	6	0.06
Poor concentration	504	1.27	0.592	0.33	259	6	0.001
Feeling of hopelessness	504	1.64	0.609	0.36	242	6	0.09
Sadness	504	1.66	0.613	0.38	241	6	0.08
Rebellion nature	504	1.30	0.562	0.032	255	6	0.02
competition	504	1.70	0.767	0.38	251	6	0.06

GENERAL FINDINGS

- 1) For both boys and girls, domestic violence will not create any anxiousness / nervousness among the teenagers.
- 2) All the teenagers were observed scolding of parents with each other.
- 3) Domestic violence have no significance on the appetite change of the teenagers.
- 4) Domestic violence have significance on psychological withdrawal of teenagers from school or from house.
- 5) It is observed that domestic violence have not much influence on exam fear and worries of teenagers.

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- 6) Influence of domestic violence on scolding of parents to each other: It is observed that the asymptotic significance is less than 0.05, hence there is a significant relationship between domestic violence and public scolding by parents on the teenager's characterization.
- 7) Psychological withdrawal: It is observed that asymptotic significance is less than 0.05, hence there is a significant relation between domestic violence and psychological withdrawal by the school going teenagers
- 8) Experience of poor/lack of concentration: It is observed that asymptotic significance is less than 0.05; hence there is a significant relation between domestic violence and experiencing of poor concentration among the teenagers
- 9) Rebellion nature: It is observed that asymptotic significance is less than 0.05, hence there is a significant relation between domestic violence and showing of rebellion nature among the school going teenagers
- 10) Insomnia: It is observed that asymptotic significance is less than 0.05; hence there is a significant relation between domestic violence and showing of insomnia by the school going teenagers

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Sustainable Behaviors and Happiness: An Optimistic Link

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ABSTRACT

The present study aimed to explicate the impacts of a set of positive behaviours i.e., sustainable behaviours in shaping the nature and extent of happiness of the graduate students. Two hundred undergraduate students with equal number of male and female served as the participants in the present study. Six components of sustainable behaviours and happiness of the participants were measured with the help of the two standardized psychometric tools. The results evinced that the male participants demonstrated higher mean scores on energy conservation behaviours, mobility and transportation, waste avoidance and social behaviours toward conservation components of sustainable behaviours as compared to their female counterparts. Contrarily, the females showed higher mean scores on consumerism and recycling components of the same measure as compared to the males. Overall, the male scored significantly higher on the sustainable behaviours as compared to the females. Likewise, the male participants also achieved higher mean score on the measure of happiness as compared to the females. All the dimensions of sustainable behaviours were positively correlated with happiness. In addition, all the dimensions of sustainable behaviours significantly predicted happiness of the participants. The results of the study have been discussed in the light of current theories of environment, sustainable behaviours and happiness. The results of the study have significant implications for the policy makers, administrators, researchers, environmentalists and the public at large. The future directions of research have been discussed. An attempt has also been made to raise some theoretical and practical issues which are not only pertinent to the academia of today but also carry practical implications for all human beings. It focuses the need of conceptual and methodological exchange among the relevant branches of knowledge.

Keywords: *Sustainable behaviours, Happiness, Energy Conservation Behaviours, Waste Avoidance and Social Behaviors, Consumerism and Recycling.*

The deterioration of the biosphere encompassing its three levels (atmosphere, soil, water) is the most serious concern of the day. Human behavior plays a pivotal role in the emergence and

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sustenance of environmental problems. Consumerism, waste and depredation of resources, contamination, egoistic and inequitable behaviors are major components of human behaviour which significantly shape and determine environmental quality. Sustainable behavior generally encompasses a series of actions intended at protecting both the physical and the social environments. It has been argued that consumerism, waste and depredation of resources, contamination, egoistic and inequitable behaviors, need to be replaced by sustainable behavior comprising a set of conscious and effective actions that result in the conservation of the socio-physical environment for present and future generations (Bonnes & Bonaiuto, 2002). Sustainable behavior generally consists of a series of actions intended at protecting both the physical and the social environments (Corral-Verdugo et al., 2011).

The researchers have reported that sustainable behaviours include actions and behaviours which result into the conservation of the physical environment and protection of the interest of other individuals and groups. These behaviours also result in creating conditions giving way to an equitable access to the natural resources to those who need (Ehrlich & Ehrlich, 2004). Such individuals are reported to be reasonable in their consumption of the resources making others accessible (De Young, 1996; Iwata, 2001) and demonstrate cooperative behaviours (Pol, 2002) and altruism (Schultz, 2001). The findings of these studies instigated a series of studies reporting that sustainable actions signify pro-ecological, frugal, altruistic and equitable behaviors (Iwata, 2001; Schultz, 2001). The conservation of natural resources (Thøgersen, 2005), pro-environmental lobbying, reading and discussing about environmental problems, pro-ecological design, and family planning (Bandura, 2002; Kellert, Heerwagen & Mador, 2008; Hsu, 2004; Suárez, 2000) are some of the other consequences of positive environmental behaviours.

The sustainable behaviours result in many sorts of positive reinforcement for their followers and help avoid negative consequences including both extrinsic and intrinsic motivations (Lehman & Geller, 2004). Such consequences include social recognition and money although difficult to be used as strategies to encourage sustainable actions (Geller, 2002). Contrary to this, intrinsic consequences are the natural and automatic results of behavioral responses which are easier to mobilize the individuals for pro-environmental behaviors and effective in terms of longevity and intensity (Kasser, 2009). A popular psychological and intangible positive consequence of sustainable behaviours is happiness (Kasser, 2009). The sustainable behaviour patterns have been reported to promote a state of psychological restoration from unpleasant psychological states of stress (Hartig et al., 2001; Talbert, 2008). Practicing sustainable behaviors result into personal, collective and social consequences characterized by positive psychological states such as happiness and life satisfaction (Gardner & Prugh, 2008).

Based on a large data from people living in OECD between 1975 and 1997, Di Tella and MacCulloch (2008) found happiness to be negatively affected by environmental degradation. In the same line, Welsch (2002) also reported negative impacts of urban air pollution on happiness.

An increase in per capita water pollution had been found to be associated with a negative impact on both the happiness and life satisfaction in a study with cross-sectional data from 30 countries (Israel & Levinson, 2003). The review indicated that psychological well-being, human functioning and performance are well integrated with the quality of life of the people. India is also facing many sorts of environmental problems so the study like this one is strongly needed to motivate the future researchers to plan further studies in helping the people understand the relationship of environment and psychology. The present research got insights from the conclusions of these studies and attempted to explicate the role of sustainable behaviours in shaping the nature and extent of general happiness of the graduate students. In the present study six dimensions of sustainable behaviours i. e., energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation and happiness of the male and female graduate students will be measured. The measure objectives of the study were as follows:

1. To study the nature and extent of relationship between sustainable behaviours along with its components and happiness of the graduate students,
2. To understand the gender differences in sustainable behaviours of the graduate students,
3. To understand the gender differences in happiness of the graduate students,
4. To inquire into the predictive values of sustainable behaviours and its six components for happiness of the graduate students.

METHODS AND PROCEDURE

Sample:

Two hundred undergraduate students with equal number of male and female served as the participants in the present study whose sustainable behaviours and happiness were measured with the help of standardized psychological tools.

Psychometric Tools:

1. **General Ecological Behaviour Scale:** Developed and standardized by Kaiser (1998), General Ecological Behaviour Scale consists of sixty five items with five point Likert scale related to six components of sustainable behaviours i.e., energy conservation behaviours (14 items), mobility and transportation (14 items), waste avoidance (06 items), consumerism (13 items), recycling (05 items) and social behaviors toward conservation (13 items). This scale was translated into Hindi language first by two researchers followed by retranslation into English language by the researcher himself before using it as a tool.
2. **General Happiness Scale:** Lyubomirsky & Lepper (1999) developed a 4-item scale designed to measure subjective happiness. Each of the item is completed by choosing one of 7 options finishing a given sentence fragment. This scale was translated into Hindi language first by two researchers followed by retranslation into English language by the researcher himself before using it as a tool.

Procedure:

After the objectives, tools of measurement and samples were selected, identified and prepared, the participants were approached and rapport was established. Before supplying the two scales and the start of the measurement, instructions were made understood to the participants. The whole sample was divided into ten groups of twenty participants for the sake of convenience of administration and control. The obtained data were scored, tabulated and statistically analyzed to compute mean, standard deviations (SDs), Pearson Product Moment method of correlation and regression analysis with the help of SPSS.

RESULTS

The results of the present study demonstrated that male showed statistically higher mean score on mobility and transportation ($M = 49.90$, $SD = 2.65$), waste avoidance ($M = 18.41$, $SD = 1.45$), and social behaviors toward conservation ($M = 44.14$, $SD = 2.55$) as compared to the female participants ($M = 39.43$, $SD = 3.41$), ($M = 17.22$, $SD = 1.28$), ($M = 37.32$, $SD = 2.09$). Contrarily, the female participants achieved higher mean scores on recycling ($M = 17.76$, $SD = 1.22$) as compared to their male counterparts ($M = 12.30$, $SD = 1.24$). There were no significant difference among the mean scores of energy conservation behaviours and consumerism components of sustainable behaviours of the males and females. Overall, the male participants achieved higher mean score on sustainable behaviours ($M = 209.59$, $SD = 10.83$) as compared to the females ($M = 197.41$, $SD = 11.60$) (Table 1).

The scores on happiness showed that the male participants achieved higher mean score on happiness ($M = 21.86$, $SD = 1.43$) as compared to the females ($M = 19.30$, $SD = 1.00$). These mean scores were also statistically significant ($t = 14.74$, $df = 99$, $p = .000$).

Table 1: The mean, SDs and t-test values of the scores of energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation components of sustainable behaviours of males and females

S. No.	Dimensions of GEB	Gender	M	SD	t	df	p	N
1.	Energy conservation behaviours	M	42.87	3.87	1.21	99	.230	100
		F	42.17	4.27				100
2.	Mobility and transportation	M	48.90	2.65	20.65	99	.000	100
		F	39.43	3.41				100
3.	Waste avoidance	M	18.41	1.45	6.33	99	.000	100
		F	17.22	1.28				100
4.	Consumerism	M	42.97	2.34	1.61	99	.110	100
		F	43.51	2.29				100
5.	Recycling	M	12.30	1.24	32.65	99	.000	100
		F	17.76	1.22				100
6.	Social behaviors toward conservation	M	44.14	2.55	22.24	99	.000	100
		F	37.32	2.09				100
7.	Sustainable Behaviours	M	209.59	10.83	7.85	99	.000	100
		F	197.41	11.60				100

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The correlation coefficients were computed with the help of Pearson Product Moment method for the scores of energy conservation behaviours ($r = .555, p = .000, r = .867, p = .000$), mobility and transportation ($r = .652, p = .000, r = .668, p = .000$), waste avoidance ($r = .806, p = .000, r = .776, p = .000$), consumerism ($r = .723, p = .000, r = .859, p = .000$), recycling ($r = .933, p = .000, r = .873, p = .000$) and social behaviors toward conservation ($r = .561, p = .000, r = .534, p = .000$) components of sustainable behaviours and the their corresponding scores on happiness which evinced statistical significance for all the male and female participants (Table 2). The results explicitly demonstrated the big impacts of sustainable behaviours which were observed in the determination levels of happiness of the participants (Table 2).

The regression analysis showed that 22.40%, 30.80%, 32.50%, 35.00%, 25.20% and 38.00% of happiness of males and 26.70%, 35.20%, 34.60%, 30.20%, 37.80%, and 26.20% of happiness of females were predicted by their energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation components of sustainable behaviours, respectively. When the scores of sustainable behaviours and happiness of were pooled, it predicted 35.30% happiness of the males and 34.70% happiness of the females. The predictive role of sustainable behaviours comprising energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation is evident in the percentage it contributed to determine the nature and extent of happiness of the participants. Cumulative predictive value of sustainable behaviours measure was surprising and insightful.

Table 2: The correlations coefficients among the scores of energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation components of sustainable behaviours and the scores of happiness of the participants

S. No.	Dimensions of GSB	Happiness	Gender	r	p
1.	Energy conservation behaviours	Happiness	Male-Male	.555	.000
			Female-Female	.867	.000
2.	Mobility and transportation	Happiness	Male-Male	.652	.000
			Female-Female	.668	.000
3.	Waste avoidance	Happiness	Male-Male	.806	.000
			Female-Female	.776	.000
4.	Consumerism	Happiness	Male-Male	.723	.000
			Female-Female	.859	.000
5.	Recycling	Happiness	Male-Male	.933	.000
			Female-Female	.873	.000
6.	Social behaviors toward conservation	Happiness	Male-Male	.561	.000
			Female-Female	.534	.000

DISCUSSION

The results of the present study evinced that the various components of sustainable behaviours significantly shaped the nature and extent of the happiness of the male and female participants. The results showed that male scored statistically higher mean score on mobility and transportation, waste avoidance, and social behaviors toward conservation as compared to the female participants whereas the female participants achieved higher mean scores on recycling as compared to their male counterparts. There were no significant difference among the mean scores of energy conservation behaviours and consumerism components of sustainable behaviours of the male and females. Overall, the male participants achieved higher mean score on sustainable behaviours as compared to the females.

The scores on happiness showed that the male participants achieved higher mean score on sustainable behaviours as compared to the females. These mean scores were statistically significant. The correlation coefficients were significant for the scores of energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation components of sustainable behaviours and the their corresponding scores on happiness for all the male and female participants. In addition, the regression analysis showed that happiness of males and females were predicted by energy conservation behaviours, mobility and transportation, waste avoidance, consumerism, recycling and social behaviors toward conservation components of sustainable behaviours.

The results of the study find support from the previous studies which have identified many antecedents like environmental knowledge, pro-ecological attitudes, conservationist motives, personal norms, ecological beliefs and values, affinity towards diversity etc. (Bamberg & Möser, 2007; Corral-Verdugo, Bonnes, Carrus, Frias, Tapia & Fraijo, 2009) and extrinsic and intrinsic consequences of sustainable behaviours (Bechtel & Corral-Verdugo, 2010) in explaining various dimensions of human behaviours. Physical-environmental (access to fresh water, refuse management, control of green house gas), social (justice, living conditions, low corruption levels, access to education), political/institutional (infrastructure, science participation, low corruption levels), and economic (economic activity ratio, income distribution, employment) areas are some other major consequences of sustainable behaviours (Flavin, 2002; Gouveia, 2002; Gardner, 2002).

The recent researchers have shown that good intellectual, moral, social and spiritual development, effective self-development, life satisfaction, personal well-being, mental health, national character, intrinsic motivation, and psychological restoration are shaped by psychological consequences of sustainable behaviours of the individuals (Hartig, Kaiser & Bowler, 2001; Iwata, 2001; Kasser, 2009). Due to the increased importance of these researches around the globe, the nations of the world have advocated Happy Planet Index (HPI) to assess ecological efficiency to achieve long and happy life (Marks et al., 2006). In consonance with that

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some European countries, Australia and Bhutan have established their goals achieving the subjective wellbeing (happiness) of their inhabitants as a national and sustainable policy goal. The Kingdom of Bhutan has its official goal is no longer economic growth, assessed as Gross Domestic Products (GDP) but “Gross National Happiness (GNH)” (Gardner & Prugh, 2008).

The researchers have put forth two theories to explain the mechanisms of sustainable behaviors through which these result into the positive psychological consequences. According to evolutionary psychology, the humans gain happiness because their brains evolved to experience positive emotional experiences (Haviland-Jones, Rosario, Wilson, & McGuire, 2005) which are associated with pursuing one's and other's benefits via either egoistic or altruistic strategies. On the other hand, behaviouristic theorists explain the impact of sustainable behaviours on human well-being through positive and negative consequences.

CONCLUSIONS

The results of the present study unequivocally posited that sustainable behaviours have significant role in shaping an individual's happiness. Among others, gender differences are there in sustainable behaviours and their consequences of happiness of the individuals. The six components of sustainable behaviours are positively correlated to the happiness of the participants. Overall, the measure of sustainable behaviours significantly predicted happiness of the participants.

IMPLICATIONS AND FUTURE DIRECTIONS

It is evident on the basis of the results of the present study that the interdisciplinary approach combining the knowledge of biological, socio-psychological, anthropological and many more etc. is needed to unearth the intricacies of environment, human interactions and functioning for sustainable development, positive development, ecological sustenance, resolving conflicts of local and global nature, policy framing and equitable distribution of resources. Lastly, it has a good potential to help people striving the pursuit of understanding and knowledge. Future researchers should exert greater efforts to unearth significant impacts of sustainable behaviours on human functioning and performance through qualitative and mixed methods studies. Future researchers should also focus the mode of interactions among sustainable behaviours and psychological variables such as self-esteem (Tiwari, 2014, Tiwari & Kumar, 2014), body image (Jain & Tiwari, 2016a; Jain & Tiwari, 2016b) and forgiveness (Mudgal & Tiwari, 2015). The sustainable behaviours might also be associated with emotional intelligence and academic achievement (Tiwari, 2016a), mental health and academic achievement (Gujare & Tiwari, 2016), health habits and mental health (Tiwari, 2016b). This will lead to develop a more empirically-oriented and eclectic approach to understand the interactions and inter-relations of environment and human behaviours.

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Conflict of Interests

The author declared no conflict of interests.

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A Study of the Difference in Psychological Well-being of Male and Female Employees Working in Government and Private Sectors Exhibiting Three Levels of Organizational Role Stress

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ABSTRACT

A study of difference in Psychological Wellbeing of 396 male and female employees working in government and private sector exhibiting three levels of organizational role stress was conducted (N= 198 each, age group 25-45 years). The tools used were Udai Pareek's Organizational Role Stress Scale (1986) and a self prepared questionnaire for measuring Psychological Wellbeing of the employees. The data was collected from the employees of well known private companies and government organizations such as Infosys, Reliance Telecommunications, Oil and Natural Gas Commission, State Bank of India etc. Three way ANOVA for Organizational Role Stress and Psychological Wellbeing of male and female employees working in the two sectors shows a significant main effect for the two sectors and the three levels of ORS but not for the two genders.

Keywords: *Organizational role stress, Psychological Wellbeing, private sector, government sector.*

The concept of stress was firstly introduced by **Hans Selye** in Life Science in the year 1936. According to him stress is "the force, pressure, or strain exerted upon a material object or person which resist these forces and attempt to maintain its original state." Stress is ubiquitous in today's world. It has become an integral part of everyday living. Stress is an unavoidable consequence of modern living. Growth of industries, pressure in the urban areas, quantitative growth in population and various problems in day to day life are some of the reasons for increase in stress. Stress is a condition of strain that has a direct bearing on emotions, thought process and physical conditions of a person. Stress in the workforce can burden companies with major problems: management and work productivity can be seriously impaired, motivation levels may

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be damaged and conflict between colleagues can undermine professionalism. With any of these factors in play companies will see damage to bottom line commercial and financial results. At a time when firms are fighting to return to a significant growth rate it becomes crucial to manage stress. In the health sector, where females face stressful situations due to irregular and long working hours, role pressure and work overload, they may become nervous and anxious **Tsaur and Tang, (2012)**.

During the past decade, the corporate sector has undergone rapid and striking changes like, policy changes due to globalization and liberalization, increased competition due to the entrance of more private corporates, downsizing, introduction of new technologies, etc. Due to these changes, the employees in the corporate sector are experiencing a high level of stress.

With the introduction of new technologies, especially the extensive use of computers in all the sectors has changed the work pattern of the employees and has made it inevitable to downsize the work force in the sector. The implications of the above said transformations have affected the social, economic and psychological domains of the employees and their relations. All the factors discussed above are prospective attributes that cause occupational stress and related disorders among the employees. Role stress refers to the conflict and tension due to roles being enacted by a person at any given point of time. **Pareek(2003)**.

Role is defined as a set of functions, which an individual performs in response to the expectations of others as well as his own expectations (**Khan et al., 1964**). The stress caused by the occupation of an organizational role depends on an individual's perception about situations, constraints, opportunities or threats encountered during role performance. Stress is experienced when an individual encounters an opportunity, constraint, demand or threat, provided the outcome of the episode is both important and uncertain (**Robbins, 2003, p. 577**). Stress may involve: (i) not being able to do/get what one likes to do/get, (ii) losing something which someone likes to possess, (iii) an opportunity linked to a potential gain, (iv) threat of an impending punishment/failure/other negative consequences. Stress is a dynamic phenomenon dependent on individual perceptions and reactions. It is individualistic and additive. What may be highly stressful for one individual may not be stressful for others. What may be stressful for an individual under certain conditions may not be stressful for him under some other conditions. Stress at home gets added to stress in office and vice-versa. Stress is inevitable and cannot be avoided in our daily life (**Pestonjee, 1999, pp. 15-34**). Role (**Pareek, 1993**) refers to the position one occupies in a social system (or organization), as defined by the expectations of significant persons. The role occupant performs various functions in the organization to meet the expectations raised by the significant people in the organization with whom he has to interact, for the success of his role performance. An organization is a system of roles and role itself is a system. Organizational roles constitute the basic HR infrastructure on which the success of HR

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systems and processes depend (Srivastav, 2005). Membership of an organization and the concept of an organizational role have in-built potential for stress. Stress due to occupation of a role in an organization is known as Organizational Role Stress (ORS). The inverse causal relationship between role stress and performance, where performance is an antecedent to role stress, is also proposed and studied. **Oliver and Brief (1977)** found empirical support for performance as an antecedent to role ambiguity, discussed as performance feedback. **Shirom and Kirmeyer (1988)** found evidence that performance was both an antecedent and a consequence to role conflict, role ambiguity, and role overload, giving further cause for modeling a feedback relationship between performance and role stress. Other researchers have established that different performance indicators influence the dimensions of role stress. That is, job or venture performance as an antecedent is negatively related to role stress. Evidence in the literature supports this relationship. For instance, client satisfaction, as a component of venture performance, has been found to be negatively related to role stress **Beard, (1999)**.

Organizational Role Stress/Conflict: Pareek (1976) classifies role conflict or role stress in two categories based on the concepts of role space and role set. He identifies five major role conflicts or stresses in the role space of an individual: Self-role distance, (2) Intra role conflict, (3) Role stagnation, (4) Inter-role distance (5) Role boundedness. Likewise he suggests five major conflicts or stresses in the role set: (1) Role stagnation, (2) Role erosion, (3) Role inadequacy, (4) Role ambiguity, (5) Role overload. The concept of wellbeing originated from positive psychology. The shift from negative to positive psychology is a welcome change in discipline. Popular use of the term 'well-being' usually relates to health. Well-being is a kind of value, sometimes called prudential value', to be distinguished from, for example, aesthetic value or moral value. What marks it out is the notion of 'good for'.

Psychological Well-being is a subjective term that means different things to different people. Psychological Wellbeing refers to how people evaluate their lives. These evaluations may be in the form of cognition or in the form of affect. The assumption behind this is that most people internally evaluate their life as either good or bad enabling them to communicate their judgments.

Carl Ryff (1989) defined psychological well-being as self-acceptance, autonomy, environmental, mastery, purpose in life, positive relation with others and personal growth.

Self Acceptance: Positive attitude towards oneself; accepting of varied aspects of self; feel positive about past life.

Personal Growth: Feeling of continued development and effectiveness; open to new experiences and challenges.

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Purpose in Life: Possessing goals and beliefs that give direction to life; feeling life has meaning and purpose.

Environmental Mastery: Feel competent and able to manage a complex environment; able to create personally suitable living situations.

Autonomy: Feel comfortable with self-direction; possess internal standards; resists negative social pressures from others.

Psychological Well-being has been defined in terms of the internal experience of the employees and perception of their own lives. Some of the factors that may lead to employees' Psychological Well-being are: *Feeling of accomplishment, feeling of using one's abilities to the fullest, recognition of work by superior, recognition of work by peer, promotion opportunities, pay.* The concepts of psychological wellbeing in the present research apply a social-psychological perspective to the study of mental health among employees. Psychological Well-being gained its importance in last few years. Now more importance is given to psychological or mental wellbeing in comparison to physical health or wellbeing as it is considered to be the core aspect of an individual's overall wellbeing. Hence it is of significant importance for every organization to keep a check on their employees' psychological wellbeing as it will add to their performance and achievements. The psychological wellbeing of an employee can get affected negatively irrespective of the types of organization they are working in and the gender they possess. Psychological Well-being of an employee gets disrupted when the pressure at the workplace becomes difficult to cope with and possess a greater challenge in front of an employee which adversely affects their performance and the organizational productivity which is detrimental for any country's growth. Hence this makes it a necessity to do in depth analysis of the problem and its solution, which the present study aims at.

METHOD

Participants:

The total number of participants in the study was 396 male and female employees, 198 each from different government and private sector companies. The private sector companies included were HCL Info systems, Infosys Reliance Communications, NIIT Technologies, HDFC Bank and TV Today Network. Those from the government sector were ONGC, Indian Council for Forestry Research and Education, the Indian Army, State Bank of India and Hindustan Insecticide. Since the proportion of women employees is much lower than male employees in both the sectors, the numbers of women respondents from the government sector companies are 78 and those from the private sector are 62.

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Measures:

In order to assess Role Stress Pareek's Organizational Role Stress Scale was used which consists of 25 items. The factors included in the scale are-role stagnation, role erosion conflict, resource inadequacy, role overload, self-role distance. For measuring Psychological Well-being a self prepared questionnaire was used which consists of 15 items. The factors included in the questionnaire are: environmental mastery, autonomy, personal factors, positive relations with others and purpose in life.

RESULTS

Table 1: Compares Mean, SD and SE scores of male and female employees in government and private sector exhibiting three different levels of organizational role stress.

VARIABLES		SEX							
		MALE				FEMALE			
		Government		Private		Government		Private	
Dependent Variable	Levels of Dependent Variable (ORS)	M	SD	M	SD	M	SD	M	SD
Psychological Well-being	LOW	39.64	4.692	38.60	5.317	40.17	4.768	37.90	4.012
	MEDIUM	38.59	4.643	36.59	5.123	38.93	4.238	37.10	3.315
	HIGH	36.75	2.315	34.29	6.520	35.33	2.082	32	6.671

Table-2: Summary of 2x2x3 ANOVA (Sector, Sex, ORS levels) of Psychological Well-being

Source	Sum of Squares	df	Mean Squares	F	Sig.
Sector	182.016	1	182.016	7.695	0.006
Sex	10.047	1	10.047	0.425	0.515
ORS levels	382.182	2	191.091	8.079	0.000
Sector*Sex	4.058	1	4.058	0.172	0.679
Sector*ORS levels	7.667	2	3.833	0.162	0.850
Sex*ORS levels	33.993	2	16.996	0.719	0.488
Sector*Sex*ORS levels	6.431	2	3.215	0.136	0.873
Error	9,083.020	384	23.654	-	-
Total	566,304.000	-	-	-	-

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DESCRIPTION

The table above shows 2x3x3 ANOVA (sector, sex, Organizational Role Stress levels) of Psychological Well-being of employees. The sector as a main effect is significant ($F=7.695$, $df=1$, $P=0.006$). Organizational Role Stress levels as a main effect is also significant ($F=8.079$, $f=2$, $P<0.000$). Sex as a main effect and all the interactions are not significant. *There is a significant difference in Psychological Well-being of employees working in government and private sectors.* The result obtained from the study depicts that there is a significant difference between Psychological Well-being of government sector and private sector employees. The reason of this finding could be that the Psychological Well-being of employees is directly proportional to the type of organization and the culture of it. There is a striking difference in the climate of government sector and private sector organizations with respect to their culture and expectations from the employees. The result has been supported by the study of **Alam, S.& Rizvi, K (2012)** who reported that Psychological Well-being among bank employees is higher in public sector as compared to their counterparts in private sector banks. Similar findings have been obtained by **L. Nahar et. al. (2013)** who found that the mental health of Government employees is slightly better than non-government employees. According to **Clark (2006)**, **Aittomaki, Lahelma and Ross (2003)**, **Gillen Baltz Gassel, Kirsch and Vaccaro (2002)**, **Demse, Erickson, Delbos and Banks (2005)**, there are multiple factors that can affect physical health and Psychological Well-being of workers. Research indicates that job strain or repetitive and hazardous work conditions may have detrimental effects on physical health. Stress experienced and perceived can affect a person's psychological wellbeing. Work stress research has examined the psychological demands of work load, worker's perceived sense of control over their performance, safety stressor, work organization and work atmosphere. An inconducive work environment can prove to be destructive and can generate a wide range of problems be it related to mind or body. Whereas having a good work environment proves to be an asset for the employees' overall mental health.

Organizational role stress levels as a main effect is also significant ($F=8.079$, $f=2$, $P<0.000$). *There is a difference in the Psychological Well-being of employees experiencing three levels of Organizational Role Stress.* The varying amount of role stress has different impact on the mind of employees. As the amount of stress increases from low to medium and then high it greatly affects the wellbeing. As the role stress increases their Psychological Well-being lowers. According to **Danna and Griffin (1999)** some factors, like organizational stress, have an influence on employee well-being and health. **Marzuki and Ishak (2011)** also concluded that occupational stress at work and individual well-being appears to be closely intertwined. Based on the findings, they further stated that work stress dimensions, namely, role ambiguity and role conflicts correlated and influenced wellness. **Jasmani binti Mohd Yunus and Abdul Jumaat bin Mahajar(2011)** conducted a research on occupational stress among administrative and diplomatic officers in Malaysia and found that the occupational stress has significant positive

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correlation with psychological wellbeing. Thus it can be concluded that irrespective of the type of sector in which the employee is working, if the stress at the workplace increases the wellbeing tends to go down.

The result also show that gender as a main effect is not significant ($F=0.425$, $f=1$, $P<0.515$). *There is no significant difference in Psychological Well-being of male and female employees under three levels of Organizational Role Stress.* **Creed and Macintyre (2001)** also found no differences between males and females in Psychological Well being. The reason of this finding could be that today men and women both are working and are part of the same work culture and also there is an increasing trend of sharing responsibilities at home. The availability of resources and conveniences has made lives more comfortable especially for women which have enhanced their Psychological Wellbeing, bringing it at par with men. Where good organizational climate benefits both employees, in the same way poor organizational climate impairs functioning of both of them. The impact of stress therefore, on their life is also similar thus when they experience role stress in the organization their mental wellbeing gets affected in the same way.

The results from the present research show that role stress among private sector employees is more than government sector which is definitely affecting their wellbeing as a whole. The changing trend of the organizations in the competitive world of today and the thirst of maximizing profit is posing a greater demand on employees to perform more flexibly multiple and more complex roles within the organization. This has put employees in intricacy resulting in role stress among them, which is disrupting the employees' happiness and overall well-being. On one hand they are losing out on their professional front while on other they are also not able to fulfill their responsibilities at home properly and find it difficult to maintain the work life balance. Hence, there is an urgent need to formulate and implement upon the employee friendly policies to help them in developing a good mental health which inturn will enhance the productivity of the workforce and organizations at large. In the present study the data was collected from a small sample; hence the results may vary in a bigger or different sample. Thus it needs to be studied further so that these limitations can be addressed.

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Conflict of Interests

The author declared no conflict of interests.

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Powerful Scientific Projective Technique KANEHA-TIR- Ψ uses an “Integrated and Intensified- Ψ Entangled Quantum Computing”

Kapil Chandra Agarwal^{1*}

ABSTRACT

We present scientific basis of Kapil-Neha Total Internal Reflection Quantum Mechanical Projection Wave function Ψ Technique (KANEHA-TIR- Ψ Projective Technique). *KANEHA-TIR- Ψ* projective technique uses an *integrated* computing approach of quantum entanglement for brain's functioning, programming, training and development. This technique *simultaneously* stimulates and applies forces/correlations on trillions of elements of fine neural networks of different sections of human brain. As a result, those elements process/entangle/correlate information among each other by '*intensified and integrated quantum-mechanical evanescent wave tunnelling of their neuro-energy wave function potentials into neighbouring neurons and cerebrospinal fluid*'. This technique is so powerful that under healthy environmental conditions – it can even regenerate/repair brain's undeveloped/damaged neuron fine tissues/ neural-network. Experiments suggest that under suitable conditions of quantum-growth, *KANEHA-TIR- Ψ* projective technique has shown neurogenesis '*possible*' even in adulthood age. *KANEHA-TIR- Ψ* projective technique is a *revolutionary invention* in the field of quantum-biophysics, mental-assessment, clinical-diagnosis, quantum-entanglement, quantum super-computing, neurogenesis, and non-destructive medical surgeries. It also provides '*firm-evidences*' about quantum computing nature of human brain using electromagnetic wave signals.

Keywords: *KANEHA-TIR- Ψ , Quantum Biophysics, Quantum-Entanglement, Quantum-Super-Computing, Neurogenesis.*

The emotional state of a human mind and physical state of a human body are deeply inter-related, as body receives its directions/orders/sensations/reactions from brain/mind. The techniques that are used to study/investigate the effects of a particular situation or thought on human's physical, mental and behavioral conditions are called projective techniques^{1,2}. Recently,

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Neha Agarwal and Kapil Chandra Agarwal invented³ and reported³ *KANEHA-TIR- Ψ* projective technique, that is a “*very powerful fine-tool to access fine-neurological network of human brain in a non-surgically, and quantum-mechanically manner*”. The pulse-rates, blood-pressure, heart’s contraction, breathing curves, bio-chemical changes inside body e.g. hormonal imbalances, and behavioral perturbations are parameters which provides only very little idea about huge-power of *KANEHA-TIR- Ψ* projective technique. *KANEHA-TIR- Ψ* projective technique access/project/analyze cognitive and affective domains of brain by introspection^{4,5}, total internal reflection⁶ (TIR), structuralism^{7,8} and gestaltism⁹⁻¹¹. The multiple TIR processes of thoughts, ideas and their repetitive modifications, synthesis using individual differences, analysis and evaluation by introspection, structuralism and gestaltism stimulate correlation bonding among trillions of elements of fine neural networks of different-sections of human brain. As a result, those elements *process/entangle/correlate* information among each other in a *varying/integrated* manner via ‘*intensified*’ exchange/superposition/sharing, and *quantum-mechanical evanescent wave tunnelling* of their neuro- energy wave function potentials into cerebrospinal fluid. The quantum computing processing cum programming *flow-*

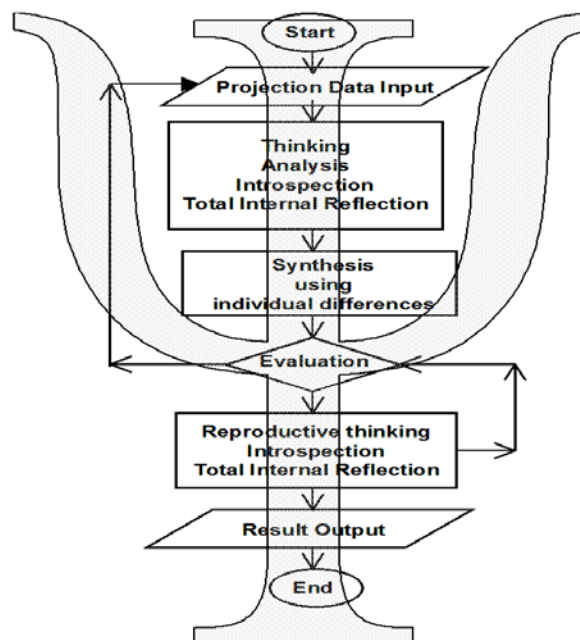


Figure 1: Quantum computing flowchart of KANEHA-TIR- Ψ projection technique.

chart for this new³ powerful projective technique is illustrated in Fig. 1.

Few years ago, there were lots of discussions about quantum computing power of human brain and its working mechanisms¹²⁻²¹. However, still this field is *lacking* supports of ‘solid experimental and/or theoretical understanding/studies/outcomes’ about fundamental functioning processes inside human brain. Recently, reported *KANEHA-TIR- Ψ* projective technique provided

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firm evidences for “*integrated and intensified quantum entanglement*” among wave functions of trillions of neuro-electric pulses flowing in highly ‘*complex bio-chemical electronic circuitry system*’ of brain/body.

In following sections we present our ‘basic understandings/explanations/scientific-basis’ and various outcome features of *KANEHA-TIR- Ψ* projective technique:

SCIENTIFIC BASIS OF *KANEHA-TIR- Ψ* PROJECTIVE TECHNIQUE:

Projective technique is best available tool for accessing different parts of brain in a non-surgical manner. The brain’s projection comes after processing of various thoughts, information, and much more complex processes—*simultaneously* running in different parts of brain (as illustrated in Fig. 1 and Fig. 2). Different sections of brain collect signals in various forms like light, sound, smell, sensations and taste. Neural network of a particular part of brain convert these input signals into electrical charge energy of different frequency. The electrical-energy wave function potentials of these neurons are trapped inside nano-sized biological walls (neural network) of that particular part of brain.

The ‘*neuro-energy wave function potentials*’ that are permanently ‘*trapped*’ inside neurons make permanent memory of brain. Cerebral cortex area of brain contains mostly memory neurons. As we have many thousands trillions of neurons so brain’s memory storage capacity is also quite huge. Complete neural network of different parts of brain and body is connected via cerebrospinal fluid (CSF). CSF receives nutrition/oxygen supply (by diffusion) from blood that circulates/flows inside arteries. It is CSF that provides necessary energy, nutrition and oxygen to neurons for generating charges/electromagnetic wave signals. Neurons (dispersed in CSF) are like small ‘*organic*’ plants made from object’s DNA that can generate electrons/holes (electromagnetic wave signals) inside cell nucleus using *pair-production/pair-annihilation/reverse-photosynthesis* processes (see Fig. 3a).

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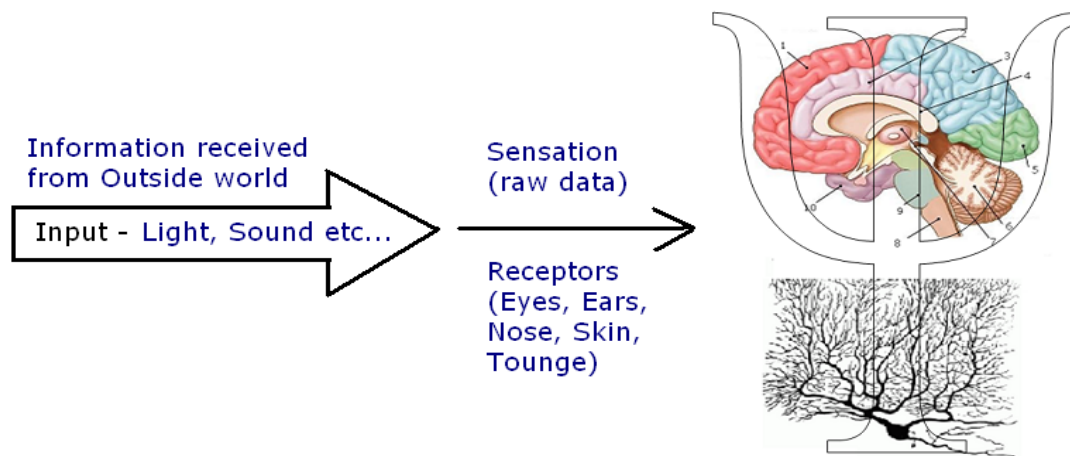


Illustration of raw data processing inside human brain using "Integrated- Ψ -Entangled Quantum Computing" initiated by "Powerful Scientific Projective Technique KANEHA-T.I.R.- Ψ "

Figure 2: Illustration of “Integrated and Intensified- Ψ -Entangled Quantum Computing” process simultaneously operating in ‘complex bio-chemical electronic circuitry systems’ of ten different parts of human brain.

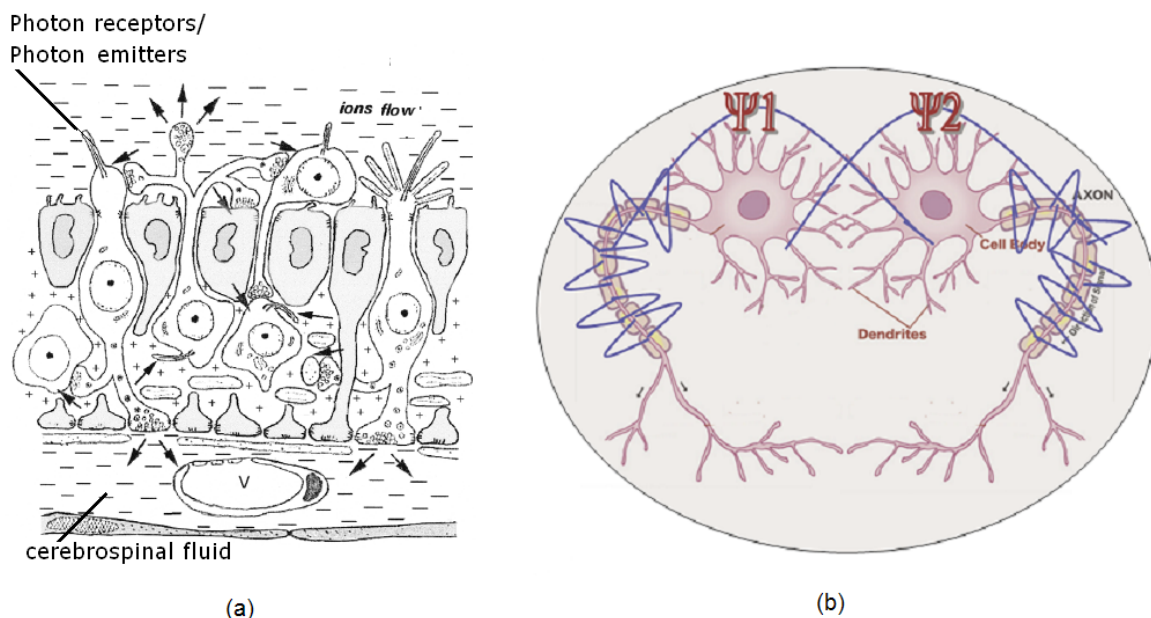


Figure 3: Illustration of “Integrated and Intensified- Ψ -Entangled Quantum Computing” (a) various non-synaptic, and synaptic functions inside cerebrospinal fluid. (b) superposition of wave functions of neighbouring neurons and quantum-mechanical evanescent wave tunnelling into cerebrospinal fluid [Fig. 3(b) is showing only ‘two neurons entanglement’ as an example. However, trillions of such neurons are connected/entangled inside cerebrospinal fluid].

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By non-synaptic function – they receive/ generate electromagnetic wave signals (photons). The numerous wave functions Ψ of electromagnetic waves share/ entangle information at nearby and distant place via *quantum-mechanical evanescent wave tunnelling* into neighbouring neurons and cerebrospinal fluid. Cerebrospinal fluid works as a common channel for transfer, exchange, superposition, correlation and entanglement of such wave functions Ψ . In short, all memories inside human mind construct ‘*a quantum mechanical cloud/tree of information using infinite wave functions Ψ s*’. Therefore, it becomes possible for brain - to retrieve/process/access any single memory/puzzle/thought ‘*instantly*’.

By entanglement phenomenon, cerebrospinal fluid connects electromagnetic wave functions of every single neuron of brain and takes them inside cerebellum. It is cerebellum situated nearby *visualization center* of human brain that does quantum computations of electromagnetic wave functions. As quantum computations work on phenomenon of wave function superposition so all quantum computations takes place inside human brain, automatically with speed of light. In contrast to normal computing machine, brain has additional capacity of ‘*creative visualization*’ during processing thus is proved equivalent to a ‘*biological supercomputing machine*’.

KANEHA-TIR- Ψ projective technique provided strong and firm evidences in support of ‘*Integrated and Intensified- Ψ Entangled Quantum Computing*’ nature of human brain (as illustrated in Fig. 3 and 4). The Fig. 4(a) shows a prototype neural network system made from millions of nano-sized biological neurons. These neurons store the signal by trapping its wave function potential inside it. The evanescent wave tunneled in CSF makes its sharing/entanglement with rest part of neural network.

The situation ‘*without* application of KANEHA-TIR- Ψ projective technique’ is depicted in Fig. 4(b). Before, applying KANEHA-TIR- Ψ projective technique, the strength of wave function potential was quite low. Due to weak strength of wave function potentials, the ‘degree of *superposition* of wave functions and *quantum-mechanical evanescent wave tunnelling* into cerebrospinal fluid were found *quite low*. Therefore, wave functions Ψ of respective electromagnetic waves also had *very low* degree of quantum entanglements.

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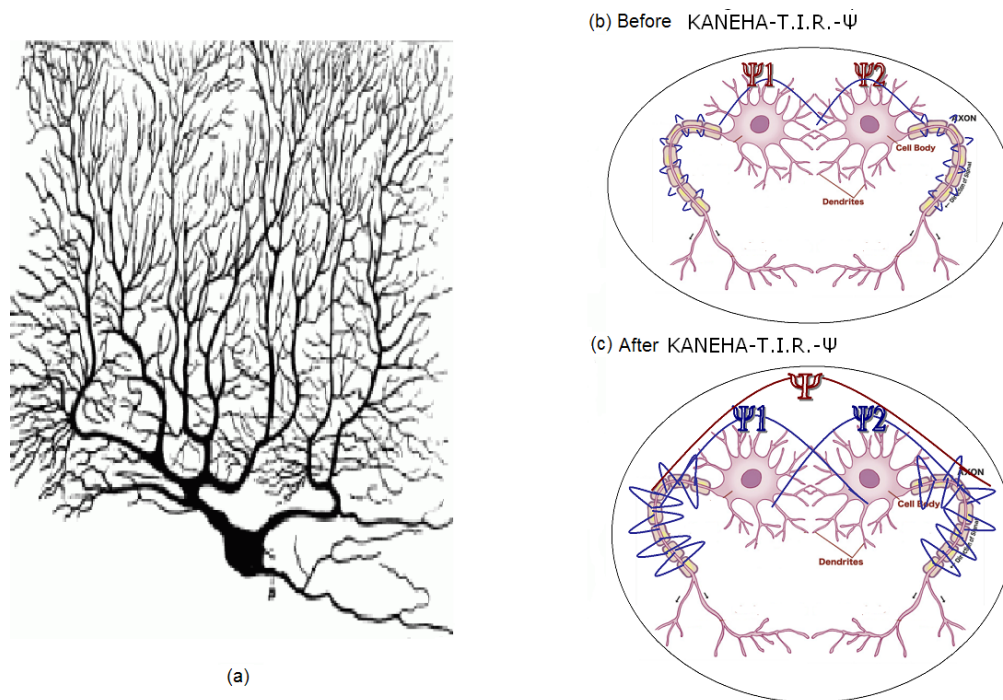


Figure 4: (a) Left: Small neural network, (b) Right: Top: Illustration of weak strengths of neuro-energy wave function potentials – resulting in a weak (broken/unused) entanglement (circuitry). (c) Right: Bottom: Illustration of strong/enhanced strengths of neuro-energy wave function potentials – resulting in a strong (connected/used) entanglement (circuitry).

Our experiments and observations demonstrated that before applying KANEHA-TIR- Ψ projective technique:

- (i) Objects (persons under projection) took *longer* time in processing (problem-solving) and
- (ii) In some cases the *appropriate output* was *either not obtained* at all or was found of *poor quality* level.

The situation *after* application of KANEHA-TIR- Ψ projective technique is depicted in Fig. 4(c). After, applying KANEHA-TIR- Ψ projective technique, the strength of wave function potential was *intensified* (see Fig. 4c). Due to intensification of strength of wave function potential - the degree of ‘*superposition of wave functions*’ and ‘*quantum-mechanical evanescent wave tunneling*’ became quite high. Therefore, wave functions Ψ of respective electromagnetic waves also had *very high* degree of quantum entanglements.

Our experiments and observations demonstrated that after applying KANEHA-TIR- Ψ projective technique:

- (i) Objects (persons under projection) took *shorter* time in processing,
- (ii) The *high quality* output was obtained in 90% cases, and

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(iii) Many times increase was registered in object’s intelligence quotient, emotional quotient, and computing abilities.

It should be noted that under extremely high stress conditions – different objects delivered similar *high quality* results as were obtained after application of *KANEHA-TIR- Ψ* projective technique. It confirms that *integrated and intensified- Ψ -entangled quantum-computing phenomenon inside human brain is a scientific reality*.

Some important outcomes of *KANEHA-TIR- Ψ* projective technique are as follows:

(1) *KANEHA-TIR- Ψ* PROJECTIVE TECHNIQUE ENHANCED THE PROCESS OF NEUROGENESIS:

Various living species on this earth are equipped with some special talent/quality/feature that make them superior over other species. If we carefully examine then we will find that various kinds of physical and/or mental abilities were developed in them as a result of their diversified natural environment, the variety of food/nutrition they ate, and the physical-exercises they did. There are biological facts available that few species (which didn’t used/exercised their selective organs for long times) lost their selective abilities/organs in their future generations. Contradictorily, frequent use of a particular skill/ability resulted in its further development. It infers that ‘*an organ’s working capacity/ability can be increased/decreased/developed depending on its usage and nutrition supplied to it*’. The un-used neuron circuits tend to die with time and new neuron circuits tend to grow with time - *depending on ‘their demand, need, usage and nutrition feeding’*.

Due to total internal reflection property, *KANEHA-TIR- Ψ* projective technique *simultaneously* ignites ‘*numerous possible/probable projections (i.e. simultaneous ignition/recalling of wave functions of numerous neurons)*’ inside human brain for processing of a single thought/puzzle. Therefore, ***brain’s different parts are forced to work together with greater degree of entanglements***. Thus *KANEHA-TIR- Ψ* projective technique carries out extensive mental exercises of all sections of brain, *simultaneously*. This process consumes huge energy (nutrition) and oxygen that is supplied by increased breathing rates and blood circulation. It is cerebrospinal fluid that takes nutrition from blood and supplies it to neural network. CSF directly connects trillions of neurons²² of *complex bio-chemical electronic circuitry system of human brain/body*. The huge information (collectively stored in trillions of neurons) is processed by ‘*center for perception, and cognition processing inside brain*’. As illustrated in Fig. 1-4, *KANEHA-TIR- Ψ* projective technique *simultaneously* ignite heavy mental exercises inside ***ten*** different parts of human brain. As a result, the growth (regeneration) (repairing) of new (old/undeveloped) (damaged) neuron fine-tissues (neural-network) takes place inside brain/body. The regeneration of neuron is referred as neurogenesis.

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Our experiments and observations concluded that:

- (i) *KANEHA-TIR- Ψ* projective technique enhanced the process of neurogenesis.
- (ii) *KANEHA-TIR- Ψ* projective technique found very useful/productive/economical in enhancing the process of neurogenesis in a *natural* way, and in doing *non-destructive* brain surgeries.
- (iii) Under suitable conditions of quantum-growth, *KANEHA-TIR- Ψ* projective technique has shown neurogenesis ‘*possible*’ even in adulthood age.
- (iv) *KANEHA-TIR- Ψ* projective technique successfully rectified the problems of memory losses, perception and lack of concentration. It enlightened mental capabilities of an unconscious mind.
- (v) On frequent application of *KANEHA-TIR- Ψ* projective technique – the object ‘*permanently*’ acquired higher intelligence quotient, brilliancy and youngness.

(2) *KANEHA-TIR- Ψ* PROJECTIVE TECHNIQUE INCREASES BRAIN’S COMPUTING POWER VIA ‘*ENHANCED DEGREE OF QUANTUM ENTANGLEMENT*’:

Quantum Entanglement means that electric potentials of two neurons share/superimpose/correlate each other in such a manner that even a minor change in electrical potential of first neuron will immediately be reflected in electric potential of second neuron. These two neurons could be neighboring neurons or could also be situated at distant place. Inside human brain/body, trillions of neurons and a long sequential chain of entanglements among them exist. But due to *insufficient* strength of neuro-energy wave function potentials (nutrition/oxygen feeding)- all entanglements (developments) (participations) are **not** active (complete) (count). So practically, an average human being generally utilizes only few percents of its “available cognitive/affective/psychomotor neurons (i.e. s/he uses only 10% (70%) of her/his full mental (physical) capability”.

Here, we will focus our discussions only on cognitive neurons inside brain. As we mentioned before, that an average human being generally utilizes only 10% of its “available cognitive neurons. The reasons are (i) *insufficient (weak) strength* of neuro-energy wave function potentials (ii) *insufficient (weak) evanescent wave tunneling* (iii) *insufficient (weak) superposition/entanglements* of wave function potentials. These factors infer that remaining 90% of *cognitive neurons of ‘different-processor parts’ of brain are still ‘not participating’ actively* due to (*broken/weak*) (superposition/ entanglements) inside neural circuitry. The *situation before application of KANEHA-TIR- Ψ Projective technique is illustrated in Fig. 4(b)*. As we can see that degree of superposition and *evanescent wave tunnelling both are quite weak*.

After application of *KANEHA-TIR- Ψ* Projective technique, we noted many times increment in object’s Intelligence Quotient (I.Q.), Emotional Quotient (E.Q.), and mental (numerical, theoretical, reasoning, evaluating, computing) abilities. Under extremely high stress conditions –

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KANEHA-TIR- Ψ provided many fold increment in brain's efficiency, concentrating and calculation power. It is due to the fact that *KANEHA-TIR- Ψ* Projective technique increases the strength of neuro-energy wave function potentials (*the situation after application of KANEHA-TIR- Ψ Projective technique is illustrated in Fig. 4c*). High signal strength results in higher degree of superposition/entanglements between neighboring wave functions and *quantum-mechanical evanescent wave tunnelling*. Such enhanced quantum entanglements ignite ‘activation of million of *new* neurons/neural-networks’ of different section of brain, which were previously (not entangled or less-participating)(unused/unutilized) inactive due to weak signal strength (lack of superposition).

Thus, *KANEHA-TIR- Ψ* technique is a pure *scientific* projective technique that increases/enhance brain's computing power by

- (i) Enhancing wave function's ‘*strength*’
- (ii) Enhancing degree of superposition
- (iii) Enhancing number/degree of ‘*active*’ quantum entanglements,
- (iv) Reducing number of *in-active* neural circuits, and
- (v) Utilization/Ignition/Activation of large percents of available neurons inside brain/body.
- (vi) Simultaneous integration/participation of *all parts of brain* in quantum computing process

(3) KANEHA-TIR- Ψ PROJECTIVE TECHNIQUE PROVIDED FIRM EVIDENCES THAT QUANTUM COMPUTING INSIDE HUMAN BRAIN IS A REALITY:

Thus human brain is like a quantum super computer that computes various kinds of logics and information using quantum mechanical phenomenon. The neurons used for computations, manipulations, summations, analysis are different in size, dimension, mass and nutrition. Therefore, in a human brain there are different parts that are responsible for different functions. The experimental observations/outcomes obtained after application of *KANEHA-TIR- Ψ* Projective technique provided firm evidences that it is possible to realize quantum computing nature of human brain if we utilize ‘*simultaneously*’ ‘*full*’ utilization of power of all existing neurons in brain/body i.e. ‘*at single instant*’ we must have 100% degree of entanglements in *all parts of brain* with appropriate *signal-strength* and degree of *superposition*.

(4) KANEHA-TIR- Ψ PROJECTIVE TECHNIQUE SUCCESSFULLY EXPLAINED “MECHANISMS OF MEMORY STORAGE AND RETRIEVAL INSIDE HUMAN BRAIN”:

As *KANEHA-TIR- Ψ* Projective technique enhanced the strength of neuro-energy wave function potential, so it also resulted into increased efficiency of memory storage, retrieval, and processing. The experimental observations suggested that for every single observation/ learned experience – a unique cognitive neuro-energy wave function potential is created. This signal/information is stored inside a particular cognitive neuron in the form of a ‘*trapped*

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potential'. The '*neuro-energy wave function potentials*' that are permanently '*trapped*' inside neurons make permanent memory of brain. Every wave function (information) trapped (stored) inside every neuron also tunnel quantum mechanically into cerebrospinal fluid through evanescent wave tunneling phenomenon. In this way - cerebrospinal fluid works as a facilitator for brain processors to store/mediate/retrieve any information available in the neural network, at any time.

(5) KANEHA-TIR- Ψ PROJECTIVE TECHNIQUE SEQUENTIALLY LEADS THE OBJECT TOWARDS '*STATE OF CONSCIOUSNESS*':

Projective techniques can unfold deep layers of mind and can lead to the state of consciousness. KANEHA-TIR- Ψ Projective technique results into quantum-entangled super-computing *consciousness* phase of utmost concentration. In consciousness state, 100% degrees of entanglements in *all parts of brain* with appropriate *signal-strength* and *superposition* occurs so that brain works with its highest speed, ability and efficiency. Many years meditation practice can convert '*state of consciousness*' into '*state of sixth sense or superficial phenomenon of mind*'. For example after many years meditation, a blind person acquired an ability of recognition, identification, and calculation - just by artificial visualization/computations taking place inside his brain? Therefore, 6th sense and/or superficial state of mind can be achieved by frequent realization of quantum-entangled super computing power of human brain.

CONCLUSION

In this research article, we presented scientific basis of KANEHA-TIR- Ψ projective technique. This technique utilized an *integrated* computing approach of quantum entanglement for brain's functioning, programming, training and development. This technique *simultaneously* stimulated and applied forces/correlations on trillions of elements of fine neural networks of different sections of human brain. As a result, those elements processed/entangled/correlated information by '*intensified and integrated quantum-mechanical evanescent wave tunnelling of their neuro-energy wave function potentials into neighbouring neurons and cerebrospinal fluid*'. This technique found so powerful that under healthy environmental conditions – it repaired/regenerated the finer neural network elements of human brain, even in adulthood age. KANEHA-TIR- Ψ projective technique found to be a '*revolutionary invention*' in the field of '*quantum-biophysics*', mental-assessment, clinical-diagnosis, quantum-entanglement, quantum super-computing, neurogenesis, and non-destructive medical surgeries. It also successfully explored the quantum computing nature of human brain.

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Conflict of Interests

The author declared no conflict of interests.

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Sattva Guna as a Predictor of Wisdom and PWB

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ABSTRACT

The ancient Indian Vedic text places emphasis on balanced living through a conscious strive to evolve from lower states of being to higher ones thus providing physical, spiritual and psychological wellbeing. Similarly the western thought places emphasis on working on physical and psychological well being for humans to flourish and realise their infinite potential. Hence, the present investigation is an attempt to draw a concomitance between Indian and Western Psychology on the topic of psychological well being and how wisdom and satvikta are related to this concept. For the purpose of this study a sample of 100 university students (50 males and 50 females) between the ages of 18-24 years were selected. Three scales namely- (i) PWAS (Practicing Wisdom Assessment Scale) (ii) Trigunatmak Personality Inventory, and (iii) Ryff's Psychological Well Being were used. Regression analyses was done. The results indicated that Sattva Guna significantly predicts PWB and Wisdom.

Keywords: *Sattva Guna, Wisdom, Psychological Well-Being*

Positive psychology is certainly not the first attempt by psychologists to study well being and the good- life. From the very beginnings of psychology, there has been an interest in studying healthy personality development and optimal states of well-being. It is because; the desire to be happier and more satisfied with life is universally human. Every human choice, ambition, vision, longing and strive is to achieve a sense of happiness or what we call a good life, and it is for this reason we must understand what is well being and what constitutes it.

An early attempt to define wellbeing was Bradburn's (1969) classic research on psychological wellbeing. Bradburn highlighted how psychological wellbeing (which he also referred to as happiness) was the variable that 'stands out as being of primary importance' He linked this to Aristotle's idea of eudemonia, which is now more commonly translated as wellbeing. Aristotle

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believed this to be the overarching goal of all human actions. The majority of Bradburn's research focused on the distinction between positive and negative affect. His model specified that:

“An individual will be high in psychological well-being in the degree to which he has an excess of positive over negative affect and will be low in well-being in the degree to which negative affect predominates over positive (Bradburn, 1969)”

Although Ryff (1989) criticised Bradburn's work for not defining the basic structure of psychological wellbeing, Ryff's early work (Ryff, 1989a) identified aspects that constitute wellbeing: autonomy; environmental mastery; positive relationships with others; purpose in life; realisation of potential and self-acceptance. More recent research has placed different emphases on what wellbeing is: ability to fulfil goals (Foresight Mental Capital and Wellbeing Project, 2008); happiness (Pollard & Lee, 2003) and life satisfaction (Diener & Suh, 1997; Seligman, 2002).

Wisdom

In the past research psychologists have tended to avoid the topic of wisdom due to its seemingly abstract nature. Nevertheless, several investigators have attempted to describe what people mean by the term.

“According to Clayton (1982) –“Wisdom is the ability that enables individuals to grasp human nature, which operates on the principal of contradiction, paradox, and change. Human nature is being use adhere to refer to understanding of self and understanding of others.” Deirdre A. Kramer (2000) in his empirical investigation, conceptualized wisdom: as an uncommon higher order ability to understand human affairs, (2) a conglomeration of personal attributes that enable an individual to be cognitively, affectively and behaviourally in tune with others needs and a high degree of open mindedness that enables such individuals to experience life in its full expression. Wisdom thus, is a higher order mental function that surpasses intellectual knowledge and helps individuals to deal with life's paradoxes and challenges, thus impacting our psychological well being.

Concept of well being according to the Indian Perspective

The text of Taittiriya Upnishada has elaborated that happiness; joy and well-being are the moments when there is an unobstructed manifestation of ananda (bliss) which is our original or true nature. It is the opaqueness of our mental faculties that obstructs the manifestation and experience of ananda. The principle that is responsible for opaqueness, inertia, dullness, darkness, depression, etc. is called tamas. The principle that is responsible for brightness, illumination, transparency, etc. is called sattva. Greater is the transparency of the mental faculties, i.e., sattva, greater is the experience of ananda (Kiran Kumar, 2002). Thus an ideal

state of human functioning and constitutes health and well-being as a state of mind (somewhat equivalent to the concept of subjective well-being) which is peaceful, quiet, serene, and free from the conflicts and desires.

Keeping this backdrop in mind, the concept of personality and how it predisposes us to certain qualities that affect our well being is examined in this paper. The reason being that if we do not understand what needs to be cultivated for our well being then chances of achieving it will be far less than possible.

Since psychological well being is significantly affects our physical, emotional and even economic success, it becomes imperative to understand how it is related to our personality and psychological traits.

Hence, we attempt to on investigate as to how wisdom- being a western notion, and Satvikta-an Indian notion of personality, affect our psychological well being, and to what extent these three concepts of Satvikta, wisdom and psychological well being are inter related.

REVIEW OF LITERATURE

The concept of psychological well being has been investigated for decades and has found its importance due to its direct relationship with success and well-being of individuals. The relationship of wisdom and sattvicta in relation to psychological well being becomes apparent by various researches by Indian and Western scholars.

A study by *Zaidi and Singh (2001)* explored the effect of positive life events and Sattva, rajas and Tamas on psychological well being. The study revealed significant effect of Sattva and Rajas on depression, the former leading to lower depression and the latter leading to higher depression. Overall High Sattva, low Rajas and High Tamas groups reported higher psychological well being. *Singh et. al, (2013)* revealed that there exists a positive correlation between sattva guna and emotional well being, psychological well being, social well being, flourishing and positive experience. In contrast, Rajas and tamas were negatively correlated with all well being indicators except negative experience. Working with the Triguna theory *Daftuar and Sharma (1997)* found out that at a supervisory level in a public sector organization Sattva worked at “self actualization” level, Rajas at esteem needs level, where as Tamas works at only the “basic needs” level. According to *Mathew, 2004*, satvik individuals have the ability to grow from stressful situations because they possess high tolerance and high capacity for adjustment. This is probably the quality that makes them resilient and helps them evolve both, psychologically as well as emotionally. Further, *Sharma & kumar (2012)* found out that individuals with clinical disorders (particularly those suffering from anxiety disorders) scored high on the tamas and rajasic factors and experienced lower quality of life in comparison to those who obtained high scores on the stavic factors had a better quality of life. However, as study by *Wolf & Abell, 2003*

on 'Examining the effects of meditation techniques on Psychosocial Functioning', revealed that the quality of sattva guna could be enhanced by chanting the Hare Krishna Maha Mantra. A recent study by *Putra & Sedlmeier (2014)* linked psychological well being with spirituality. The research revealed that dominance of sattva guna is predominantly related to psychological well being in comparison to rajas and tamas guna.

According to *Scheibe et al. (2009)*. Wisdom is related to well-being through association with increased striving for the good life and greater preferences for personal growth and self-actualization.

Baltes et al. (2008) proposed that wise people also prefer values focused on personal- growth, insight; social engagement; and well-being of friends, as opposed to values focused mainly on pleasure and a comfortable life. Further, *Kunzmann (2004)* found out that wise people show emotional and motivational preferences thus impacting well-being. They report fewer self-centred pleasant feelings but more person oriented and environment centered emotions, such as interest and inspiration. This allows them to provide more meaning to their life view world from a larger perspective and enhancing their existential experience . Research by *Levinson, (2009)* examined that whether gender has a role to play in the construct of wisdom. His findings suggested that the construct of wisdom is independent of gender as it requires an individual to possess qualities of compassion and ethics of which both genders are equally capable. Sex does not determine or affect an individual ability to exhibit wisdom. Hence, gender does not have a role to play in wisdom.

Ardelt (1997) proposed that where intellectual knowledge enables elderly people to stay involved in world's affairs, wisdom-related knowledge helps them to come to terms with the physical and social decline that comes with old age and ultimately their own death. Moreover, advancement in age leads to decreased intellectual capacity, however, wisdom tends to increase with age and hence cognitive deterioration does not become pathological.

Thus, sufficient review of literature indicates that cultivating wisdom and satvikta are crucial to experiencing psychological well being.

METHOD

Aim

- The current study aims at exploring sattva guna as a predictor of wisdom and psychological well-being.

Objectives

The following were the objectives of the present research:-

- (i) To study the effect of sattva guna on wisdom
- (ii) To study the effect of sattva guna on psychological well-being.

Sample

The study was conducted on a sample of 100 university students (50=males and 50 females) between the age group of 18-24 years. The mean age of both males and females was 20 years. The method of purposive sampling technique was used in the selection of data. Moreover, participants in formal psychotherapy or spiritual practices were excluded from the sample selection.

Hypothesis

For a quantitative analysis of the aforementioned objective, the following hypothesis were empirically tested-

- (i) Sattva guna will significantly predict wisdom.
- (ii) Sattva guna will significantly predict psychological well being.

Instruments/ Tools

The Trigunatmak Personality Inventory: The Trigunatmak Personality Inventory was developed by Dr. R R. Tripathi in 2009. The inventory is in Hindi language consisting of three subscales – Sattva guna, Rajas guna and Tamas guna. Each scale consists of 49, 50 and 37 items respectively. The coefficient alpha obtained for three subscales was found out to be .89, .85 and .81 for Sattva, Rajas and Tamas respectively. Content validity for coefficient of sattva guna has been calculated to be falling between .59 and .68, for Rajas Guna has been found to be .61 and .64 and for Tamas Guna .56 and .65. The scoring is based on computation of raw scores on each scale which are converted to T scores obtaining the relevant category.

Practising Wisdom Assessment Scale (PWAS): Practising Wisdom Assessment Scale by Prof. (Dr.) Abha Singh & Dr.Sakshi Mehrotra (2013) was used. The test consists 30 items which assess wisdom on different parameters like knowledge, judgment, emotional maturity, spiritual insight, social conscience, positivity, integrity, forgiveness and meaningful action. The Cronbach's co-efficient alpha value was calculated to obtain internal consistency of 0.85 and simultaneously, content validity was also calculated.

Ryff's Psychological Well being Scale (PWB): The present scale developed by Carol Ryff in (1995) measures the Psychological Well Being on 5 dimensions-Autonomy, Environmental mastery, Personal Growth, Positive Relations, Purpose in Life, self Acceptance. The test comprises of 45 items arranged on a likert format of 1-5 (1 being, Strongly Agree, and 5 being 'Strongly Disagree'). The Internal consistency on the dimensions of Self-acceptance, Positive Relations with others, Autonomy. Environmental Mastery, Purpose in Life, Personal Growth was calculated to be .93 .91 .86 .90 .90 .87. The construct validity of the tool was found out to be approximately .83.

RESULTS*Table 1: Distribution of SD and Mean for Wisdom, Satticta and Psychological Wellbeing*

DIMENSION	MEAN	SD
Sattva Guna	119.6	23.5
Wisdom	115.3	15.28
PWB	162.19	30.13

The above table depicts the average performance of the sample on Wisdom, Satvikta and Psychological Wellbeing and the standard deviation of each score from the mean. The mean score for Wisdom is 115.3 with corresponding SD is 15.28, whereas the mean score on PWB is 162.19 with the corresponding SD of 30.13 and the mean score of Satvikta is 119.6 with its SD as 23.5

Table 1.2- Difference in means between males and females on Wisdom, Psychological Wellbeing and Sattvicta.

GENDER	SATTVA GUNA	WISDOM	PWB
MALES-FEMALES	0.01403	0.335	0.0427

Table 1.3:- The results indicated that sattva guna ($R=.062$, $F=6.451$ $p>0.01$) explained 6.2 % variance in predicting wisdom. PWB was significantly predicted by sattva guna

VARIABLES	SE	β	t
SATTVA GUNA AND WISDOM	.064	.686	3.824
SATTVA GUNA & PWB	.113	.634	5.635

($R=.245$, $F= 31.750$, $p< 0.01$).

DISCUSSION

The present investigation was an attempt to utilize Indian and Western holistic approaches to understand psychological well being and its indicators and appreciate the concomitance between the two schools of thought. The triguna theory as per the Sankhya School of Indian Philosophy expounds that every non living and living specie is a varying combination of the three primordial qualities or laws, known as ‘gunas’– sattva(equilibrium, illumination) , rajas (passion, desire) and tamas (inertia). The predominant guna or quality dictates an individual’s behavioural patterns and lifestyle choices. By the means of this paper it was understood that sattva guna is significantly found to effect wisdom and PWB in youth.

Sattva guna as a predictor of Wisdom and Psychological well-being

As can be observed from the result Table 1.3, it is inferred that sattva gun significantly predicts wisdom. This means, that the quality of sattva guna predominantly dictates the presence of wisdom as a virtue in an individual. By reviewing the literature present on these two concepts, it becomes apparent that there are several parallels between the qualities of sattvicta and the qualities of wisdom. According to *Rangacharaya (1989)* “it is only the quality of Sattva which is

helpful in the evolution of wisdom and internal evolution, as also in progressive achievement of moral and selflessness". Sattva guna is the "spiritual quality". A sattvic individual possesses qualities of wisdom which enables them to move forward on the path of self growth and self awareness. A sattvic individual undertakes activities without concern for personal gain. They understand the duality of nature and are able to deal with life's contradictions. They are further able to focus on the common good and view things from a larger perspective. This understanding on sattvics has been mentioned in one of the shlokas of Bhagavad Gita *kāryam ity eva yat karma niyatamkriyate 'rjuna saṅgam tyaktvā phalaṁ chaiva sa tyāgaḥ sāttviko mataḥ* (18:9) This allows them to look beyond their self interest and redeem themselves of feelings of guilt, jealousy and insecurity.

Moreover, sattvics possess clarity of thought and the ability to view the 'self' as a part of a higher existential presence. Similar are the qualities of an individual possessing the attributes of wisdom. A wise person has an openness to other possibilities; practices forgiveness; and possess humility; Like a satvik individual has a ability to reflect on things with a pure mind, similarly a wise individual has an objective understanding of the world free from personal biases and prejudices. Such individuals show emotional regulation and like satviks, possess equanimity in their thought and action. A satvik individual has the ability to control his desires and impulses akin to a wise individual who knows how to exercise restraint on their unconscious urges. Both, satviks and wise individuals have a deep interest in spirituality which helps them expand their individual potential. A characteristic trait of a satvik person is that he or she strives for personal liberation and self actualization. This aspect draws our attention towards the teachings of Bhagavad Gita which emphasises on the fact that a human being must evolve from a state of *tamas* (laziness, inactivity) to *rajas* (activity, desire) to *sattva* (illumination). However, once a person has attained *sattvicta*, he or she must strive to move beyond these three elements and enter a state of enlightenment bearing fruits of his daily spiritual practices or *tapasya*, and reaching the pinnacle of human consciousness. However, for a common man, making *sattva* guna as a predominating factor in his internal and external engagement with the world can be a daunting challenge and hence, he must first strive to move from *tamas* to *rajas* in order to attain the quality of *sattvicta* for achieving eternal wisdom.

Thus, through sufficient review of literature and our research findings we can safely say that our first hypothesis, which states that *sattva* guna, will significantly predict wisdom.

As observed from Table 1.3, *Sattvicta* significantly predicts psychological wellbeing. The quality of *sattvicta* encompasses compassion, non attachment, generosity fearlessness, self restraint, purity, and knowledge, all these being essential to live a balanced and harmonious life which is directly linked to our psychological well-being. This finding has been supported by a research conducted on by *Singh & Slezáčková (2013)* in which the study indicated that there exists significant positive relationships between *Sattvikta* and social, emotional and Psychological

well-being, and negative correlation with Negative Experience. A similar study conducted by *Zaidi and Singh (2001)* explored the effect of positive life events and Sattva, rajas and Tamas on psychological well being. As review suggests, satviks are able to convert stress inducing situations into growth promoting opportunities (Mathew, 2004). Thus, they are able to withstand extreme external pressure with ease and least likely to fall into depression and developed mental and physical maladies. An equanimous mind is bound to yield peace and balance when it has the ability to see things clearly and serve for the larger good. Moreover, satviks can pursue goals larger than themselves as they view the world from a border perspective and are not driven by self interest and insecurity. When an act is performed out of ignorance and delusion, without considering the consequences of loss or violence and overlooking one's own strength, the act is said to be performed under the influence of tamas. Similarly, an act performed with a lot of stresses and strains, seeking to fulfil one's own desire, being impelled by ego sense, is an act premeditated by rajas. Furthermore, as research indicates, a human being under the dictates of rajas and tamas is likely to experience more mental disorder than the ones who follow the path of sattva (Singh, 1972; Laxmibai, Murthy, & Nagalakshmi, 1975) and thus lowering psychological well being. However, chanting the *Hare Krishna Mantra* is found to have significant effect on increasing sattva and decreasing rajas and tamas (Wolf & Abell, 2003). A study by Tripathi and Pandey (2002) also reported that the patients belonging to rajasic and tamasic personality were more prone to cancer. The imbalances in these three elements can create physical diseases emanating from a disturbance in the energetic field of a person. Hence, it can be clearly observed that the mental attributes or tendencies of the gunas have a significant effect on the physical and psychological well being of an individual.

Thus perhaps, we can say that human aspiration at some level must aim to walk the path of conscious evolution by striving for sattva with being fuelled by the rajas and restrained in balance by tamas in our quest for our overall wellbeing.

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Conflict of Interests

The author declared no conflict of interests.

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Visual Imagery, Daydreaming and Affect among College Students

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ABSTRACT

The purpose of the study was to see the role of imagery in the development of emotion control, daydream, positive or negative effect. Total 90 subjects (45 males and 45 females) of age group 18-23 years were randomly selected. Males were selected from Amity College and females were taken from the residential students residing in Bansthali Vidyapith. On the basis of median split, the sample was categorized into two groups: 'high imagery' and 'low imagery'. Besides age, education level was controlled up to an extent so that the sample was homogeneous in these aspects. Care was taken to select only those participants who do not have a significantly unhealthy sleep routine and who were not using prescription medication. Informed consent was obtained prior to the study. The Positive and negative affect scale (PANAS), Emotional Control Questionnaire ECQ, Daydreaming Scale of the Imagine Process Inventory (IPI) and The Vividness of Visual Imagery Questionnaire (VVIQ) was employed as a questionnaire. To see the effect of imagery and gender on day dreaming, emotional control, positive Affect and negative Affect, two way ANOVA and descriptive statistics were employed and found significant effect of visual imagery and gender on day dreaming, and insignificant effects on emotional control, positive Affect and negative Affect at 0.05 level of significance.

Keywords: *Visual Imagery, Gender, Day Dreaming, Emotional Control, Positive Affect And Negative Affect.*

Visual imagery is information which passes through the brain as though something is being perceived, when nothing is actually happening. Someone may experience sight, smell, sound, and touch as a result of visual imagery when none of these stimuli are present. Also known as a mental image, visual imagery is a topic of great interest in psychology, and it has a number of potentially very interesting applications.

Two general classes of theories have been put forward to account for the details of the internal organization of visual mental images. Depictive theories embrace the view that visual mental images are distinct types of mental representations and function to depict visual objects and

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scenes (**Kosslyn 1980; Shepard and Cooper 1982**). Under this view, visual images make explicit shape and spatial relations by virtue of their internal structure: Distances among parts in the image correspond to distances among parts of the stimulus they represent. In contrast, non-depictive theories support the view that visual mental image representations are not different from the type of “propositional” representations used for general-purpose thought (**Pylyshyn 1981**). According to this view, the pictorial aspects of imagery available to introspection are epiphenomenal and play no role in information processing. During the “imagery debate” of the late 1970s and early 1980s, behavioral evidence was found both in favor and against both theories. As the debate unfolded, it became more and more clear that these questions about internal representations could not be answered conclusively, even with the novel empirical methods of cognitive psychology.

Daydreaming is a short-term detachment from one's immediate surroundings, during which a person's contact with reality is blurred and partially substituted by a visionary fantasy, especially one of happy, pleasant thoughts, hopes or ambitions, imagined as coming to pass, and experienced while awake. Both empirical evidence and everyday experience reveal we have a mind with a penchant for simulating alternative realities (**Smallwood & Schooler, 2006**). Almost everyone reports engaging in some form of daydreaming on a daily basis (**96%; Singer & McRaven, 1961**), with estimates of how much of our day is devoted to daydreaming ranging from 30% to 50% (**Killingsworth & Gilbert, 2010; Klinger & Cox, 1987**). Yet there is no consensus on the role of daydreaming in emotional well-being. On the one hand, daydreaming provides a helpful means for escaping a banal existence. People commonly report deliberately launching into vivid daydreams to ease boredom at work, for example (**Fisher, 1987; Singer, 1961**). Daydreaming also alleviates emotional stress, conflict, and physical pain (**Lang, 1995**). In fact, individuals with a proclivity for daydreaming exhibit less physiological reactance to stressful events (**Singer & Antrobus, 1972**), and asking people to daydream results in a less acute stress response for those anticipating an electric shock compared to those without such instructions (**Rowe, 1963**). In medical patients, guided daydreaming reduces the need for pain medication and shortens hospital visits (**Antall & Kresevic, 2004**), as well as promotes greater overall well-being during recovery (Frick et al., 2008). Daydreaming has also been associated with other positive qualities that might promote happiness. Children with a disposition for internal musings exhibit more self-control and patience than children who have no such inclination (**Singer, 1961**), for example.

Social interactions and emotional involvements, to give an example, take-up a good share of our daily life and the social aspects of emotional expressions are being widely discussed (**Blakermore, Winston & Frith, 2004; Lieberman, 2007**). They constitute an important aspect in human-robot interactions (**Breazeal, 2003**) and may even play a role in human phylogenies (**Parr, Waller & Fugate, 2005**), having a high adaptive value (**Rolls, 2005**). The study of synthetic emotions (**Picard, 2000**) constitutes therefore a field of growing importance, dealing,

beside others, with the role of emotions in artificial intelligences in general (Minsky, 2007), social robots (Duffy, 2003; Fong, Nourbakhsh & Dautenhahn, 2003), emotional expression in speech and language (Murray & Arnott, 2008) and social synthetic computer characters (Tomlinson & Blumberg, 2002).

Affect refers to the experience of feelings or emotions. Affect is a key part of the process of an organism's interaction with stimuli. The word also refers sometimes to affect display, which is "a facial, vocal, or gestural behaviour that serves as an indicator of affect" (APA 2006).

The affective domain represents one of the three divisions described in modern psychology: the cognitive, the cognitive, and the affective. Classically, these divisions have also been referred to as the "ABC of psychology", in that case using the terms "affect", "behaviour", and "cognition". In certain views, the *cognitive* may be considered as a part of the affective, or the *affective* as a part of the cognitive.

PROCEDURE

Selection of Subjects

Total 90 subjects (45 males and 45 females) of age group 18-23 years were randomly selected. Males were selected from Amity College and females were taken from the residential students residing in Bansthali Vidyapith. On the basis of median split, the sample was categorized into two groups: 'high imagery' and 'low imagery'. Besides age, education level was controlled up to an extent so that the sample was homogeneous in these respects. Care was taken to select only those participants who do not have a significantly unhealthy sleep routine and who were not using prescription medication. Informed consent was obtained prior to the study.

Selection Of Variables

Independent variables:

- 1- Visual Imagery
- 2- Gender

Dependent Variables:

- 1- Positive and negative affect
- 2- Emotional Control
- 3- Daydreaming

Criterion Measures

Following Questionnaires were taken as a criterion measures for selected variables:-

- *Positive and negative affect scale (PANAS)*: Watson et. al. Comprises two mood scales, one measuring positive affect and the other measuring negative Affect. Each item is rated on a 5-point scale.

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- *Emotional Control Questionnaire ECQ*: Derek Roger & Bahman Najarian. The ECQ2 is a 56-item scale that was constructed to measure emotional control. There are 4 factors that comprise the ECQ2: i) Rehearsal, ii) Emotional Inhibition, iii) Aggression Control, iv) Benign Control. The ECQ2 demonstrates very good internal consistency, with alphas of .86(Rehearsal), .77 (Emotional Inhibition), .79 (Benign Control), and .81 (Aggression Control). Test-retest reliability was assessed over a 7 week inter-test interval and was found to be substantial with a correlation of .80 (Rehearsal), .79 (Emotional Inhibition), .92 (Benign Control), and .73 (Aggression Control).
- *Daydreaming Scale of the Imagine Process Inventory (IPI)*: G.J Huba, J.L. Singer, C.S. Aneshensl, J.S. Antrobus. The IPI consists of two parts. Part 1 consists of 1-24 questions, which will be used in my study consisting of daydreaming. Internal consistency of .80, .82 and .83.
- *The Vividness of Visual Imagery Questionnaire (VVIQ)*: David Marks (Marks, 1973). It is a valid and reliable measure of vividness of mental imagery (LeBoutillier & Marks, 2001; McKelvie, 1995). In a study in which 263 participants were assessed with the VVIQ, split-half reliability was .88, and test retest reliability was .74 (McKelvie, 1995). It consists of four scenarios in which participants are asked to imagine and consider before their mind's eye, and then write down a number corresponding to their subjective vividness of the image.

Statistical Procedure

To find out the effect of imagery and gender on day dreaming, emotional control, positive Affect and negative Affect, two way ANOVA and descriptive statistics were employed. Statistical package for social science (SPSS) version 20 was used. For testing hypothesis the level of significance was set at 0.05 levels.

RESULTS

Table 1, Showing median of visual imagery scores

Median
57.00

Table 1 shows median value of visual imagery scores which was found to be 57.00. Using median split technique, the independent variable: visual imagery was divided into two groups (low and high).

Table 2, Showing Mean and SD of high visual imagery group and low visual imagery group in terms of dependent variables

S.No.	Dependent variables	Mean		Std.	
		M ₁	M ₂	SD ₁	SD ₂
		(low imagery)	(high imagery)	(low imagery)	(high imagery)
1	Emotion Control	30.20	27.43	10.98	4.47
2	Day dreaming	31.35	37.05	10.15	9.37
3	Positive Affect	75.38	81.91	21.59	18.00
4	Negative Affect	52.85	60.13	19.69	21.30

Table 2 shows the Mean & SD of low imagery group and high imagery group in terms of emotion control 30.20 (10.98) & 27.43 (4.47), day dreaming 31.35 (10.15) & 37.05 (9.73), positive affect 75.38 (21.59) & 81.91 (18.00), negative affect 52.85 (19.69) & 60.13 (21.30)

Table 3, Showing Mean and SD of males and females in terms of dependent variables

S. No.	Dependent variables	Mean		Std.	
		M ₁	M ₂	SD ₁	SD ₂
		(Male)	(Female)	(Male)	(Female)
1	Emotion Control	27.57	29.91	7.66	8.85
2	Day dreaming	32.11	36.47	11.05	8.69
3	Positive Affect	80.65	76.97	19.40	20.54
4	Negative Affect	57.14	56.16	19.71	21.94

Table 3 shows the Mean & SD of males and females in terms of emotion control 27.57 (7.66) & 29.91 (8.85), day dreaming 32.11 (11.05) & 36.47 (8.69), positive affect 80.65 (19.40) & 76.97 (20.54), negative affect 57.14 (19.71) & 56.16 (21.94)

Table 4, ANOVA showing effect of Visual Imagery and Gender on Daydreaming

S. No.	Variables	S.S	Df	Mean Square	F	Sig.
1	Visual Imagery	531.76	1	531.76	7.04*	.010
2	Gender	328.90	1	328.90	4.36*	.041
3	Visual Imagery * Gender	1230.55	1	1230.55	16.30**	.000

Table 4 shows the individual effect of visual imagery and gender on day dreaming separately. The f value for visual imagery was found to be 7.04 which is statistically significant ($p < .05$) the f value for gender was found to be 4.36 which is statistically significant ($p < .05$) the interaction effect of visual imagery and gender on day dreaming was also found to be significant as $f = 16.30$ ($p < .01$)

Table 5, ANOVA showing effect of Visual Imagery and Gender on emotional control

S. No.	Variables	S.S	Df	Mean Square	F	Sig.
1	Visual Imagery	152.54	1	152.54	2.24	.13
2	Gender	119.42	1	119.42	1.75	.19
3	Visual Imagery * Gender	27.92	1	27.92	.41	.52

Table 5 shows the individual effect of visual imagery and gender on emotional control separately. The f value for visual imagery was found to be 2.24 which is statistically not significant ($p > .05$) the f value for gender was found to be 1.75 which is statistically not significant ($p > .05$) the interaction effect of visual imagery and gender on emotional control was also found insignificant as $f = .41$ ($p > .01$)

Table 6, ANOVA showing effect of Visual Imagery and Gender on positive affect

S. No.	Variables	S.S	Df	Mean Square	F	Sig.
1	Visual Imagery	828.94	1	828.94	2.09	.15
2	Gender	284.64	1	284.6	.71	.40
3	Visual Imagery * Gender	219.93	1	219.93	.55	.45

Table 6 shows the individual effects of visual imagery and gender on positive affect separately. The f value for visual imagery was found to be 2.09 which is statistically not significant ($p > .05$). The f value for gender was found to be .71 which is statistically not significant ($p > .05$) the interaction effect of visual imagery and gender on positive affect was also found insignificant as $f = .55$ ($p > .01$)

Table 7, ANOVA showing effect of Visual Imagery and Gender on negative affect

S. No.	Variables	S.S	Df	Mean Square	F	Sig.
1	Visual Imagery	968.31	1	968.31	2.24	.13
2	Gender	33.19	1	33.19	.07	.78
3	Visual Imagery * Gender	153.27	1	153.27	.35	.55

Table 7 shows the individual effects of visual imagery and gender on negative affect separately. The f value for visual imagery was found to be 2.24 which is statistically not significant ($p > .05$). The f value for gender was found to be .07 which is statistically not significant ($p > .05$). The interaction effect of visual imagery and gender on negative affect was also found insignificant as $f = .35$ ($p > .01$)

DISCUSSION AND CONCLUSION

The present study focuses upon the influence of Imagery and Gender upon Daydreaming, emotion regulation and affect. For this purpose the sample was divided into high imagery group & low imagery group by median split technique.

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One of the objectives of the study was to examine the effect of imagery on daydreaming. For exploring this issue, mean scores of high and low imagery group were compared. Statistical analysis revealed that visual imagery significantly affected daydreaming. These findings support previous research (Antrobus, Antrobus, & Singer, 1964; (MacCarely & Hoffman, 1981).

In the present study, visual imagery was not found to be a significant factor in affecting emotion regulation. These findings support previous research (Hirsch & Holmes, 2007; Foa & Kozak, 1986).

Up to the knowledge of investigator very little research work has focused on the effect of high and low visual imagery on positive/negative Affect. However, visual imagery was found insignificant factor in influencing positive/negative Affect.

Another objective of the study was to examine the effect of gender on daydreaming. . For exploring this issue, mean scores of male and female group were compared. Statistical analysis revealed a significant difference between males and females with respect to daydreaming. Thus, in the present study, the effect of gender on daydreaming was significant these findings support previous research (Sutherland, 1971; Giambra, 1980)

In the present study, gender was found insignificant factor in influencing positive affect. This finding is consistent with previous research work done by Lavack & Silvera (2005) in which the researchers found no significant differences between males and females on positive affect.

In the present study, gender was also found insignificant factor in influencing negative affect i.e., males and females did not differ significantly in terms of negative Affect. This finding contradicts previous research work done by Ardenti, Campari, Agazzi and Battista (1999) which related infertility with adaptive resources and studied the positive aspects of the women undergoing in vitro fertilization. The researchers concluded that males were more pessimistic and had more depressive thoughts leading to negative Affect. In another study conducted in Canada, researchers found that females had more negative Affect in comparison to males (Lavack & Silvera, 2005). In this way we find a lot of inconsistency in findings pertaining to positive/negative affect with reference to gender. The probable reason behind these inconsistent findings may be due to the presence of some other moderating or uncontrolled variable. Also, the sample included in present study comprised of students in the age range of 18-23yrs- an age group in which there are no drastic emotional conflicts experienced in adolescence as well as not very significant pressure of responsibilities experienced at a more mature age. The aforesaid statement holds true for both males and females for the age range of participants taken in this study. May be due to this factor no significant effect of gender was found on positive/negative Affect.

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In the present study, gender was not found to be a significant factor in affecting affect. The present research findings are supporting the previous research findings. Gross and John (2003) examined the impact of emotional regulation, they selected the two ethnic groups (Asian American and European American) and revisited each of the aspects of emotion regulation. They found no effect of sex or ethnicity for overall frequency of emotion regulation.

The interaction effect of imagery and gender on day dreaming was found to be significant. Although very little research has been done which focuses on the effect of the aforesaid variables on daydreaming. This could be because the individual effects of both visual imagery and gender on daydreaming were found to be significant so their interaction also yielded significant effect.

The interaction effect of imagery and gender on emotion regulation was not found to be significant. Although very little research has been done which focuses on the effect of the aforesaid variables on emotion control. This could be because the individual effects of both visual imagery and gender on emotion control were not found to be significant so their interaction also yielded insignificant effect.

The interaction effect of imagery and gender on positive and negative affect was found insignificant. Although very little research has been done which focuses on the effect of the aforesaid variables on positive and negative Affect. This could be because the individual effects of both visual imagery and gender on positive as well as negative affect were not found to be significant so their interaction also yielded insignificant effect.

Further investigations should be done which can provide a detailed description and analysis on the association of visual imagery, daydreaming and emotion. As currently, researchers are not unanimous in defining 'daydreaming' the investigator encountered several problems in its assessment. Also, research work on visual imagery either focuses on the effect of imagery intervention programs on athletes' performance in various sports or on certain specific groups and not on normal groups. More research work is needed to explore the dimensions of visual imagery as well as daydreaming

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Conflict of Interests

The author declared no conflict of interests.

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A Theoretical Perspective of the Effect of Assumptions on Emotional Well-being of an Individual

Sanjay B Kadam^{1*}, Parnika R Kokate²

Keywords: *Effect of Assumptions, Emotional Well-being, Individual.*

Aim of the research

To develop assumption verification model in clinical setup to recover individual's suffering with anxiety and depression and also to enhance emotional well-being of an individual.

Objectives

1. To identify the role of assumptions in the disturbance of Emotional well-being.
2. To propose psychotherapy model named assumptions verification model to enhance emotional well-being.

METHODOLOGY

1. Concepts used in present Study

1.1 Emotional Wellbeing

A useful definition of emotional wellbeing is offered by the Mental Health Foundation: 'A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.'

Some benefits of gaining greater emotional well-being include knowing that one's needs are important and that individual deserve to have a life where he or she feel happy and secure. As individuals achieve emotional balance, they are able to identify their heart's desires, take positive action, and make changes in own life.

Emotional well-being is a term that has seen increasing use in recent decades. The implications of decreased emotional well-being are related to mental health concerns such as stress, depression, and anxiety. These in turn can contribute to physical ill-health such

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as digestive disorders, sleep disturbances, and generally lack of energy ("Emotional Well Being & Mental Health", Harvard Health Publications). Enhanced emotional well-being is seen to contribute to upward spirals in increasing coping ability (Fredrickson et.al. 2002).

3.1.2 Assumption

The premise or supposition that something is a fact, therefore this is the act of taking something for granted.(Pam M.S.)

Assumptions are the estimates of the existence of a fact from the known existence of other fact(s). Although useful in providing basis for action and in creating "what if" scenarios to simulate different realities or possible situations.

According to Janoff-Bulman (1992), people come up with general assumptions about the world. These assumptions are undeclared and somewhat implicit, and serve as a basis of our well-being. They give meaning to our existence. The beliefs that we create come in many forms. They are general ideas about the world as a whole and reflect its benevolent nature. As Brewin & Holmes (2003) state, the three main assumptions are that "the world is benevolent, the world is meaningful, and the self is worthy." Therefore, we have high expectations for ourselves, and the world around us, to remain decent and meaningful.

On the basic of client's assumptions inspection ,the current research classify assumptions into following types.

2 Types of assumption

2.1 Generalized assumption

The assumption based on the knowledge received from environment, society belief system and education.

2.2 Personalized Assumption

The assumption based on the schemas and personal past life experiences.

2.3 Positive assumption

The assumption leads to project positive/pleasant outcome of a particular event, situation or action.

2.4 Negative assumption

The assumption leads to project Negative/unpleasant outcome of a particular event, situation or action.

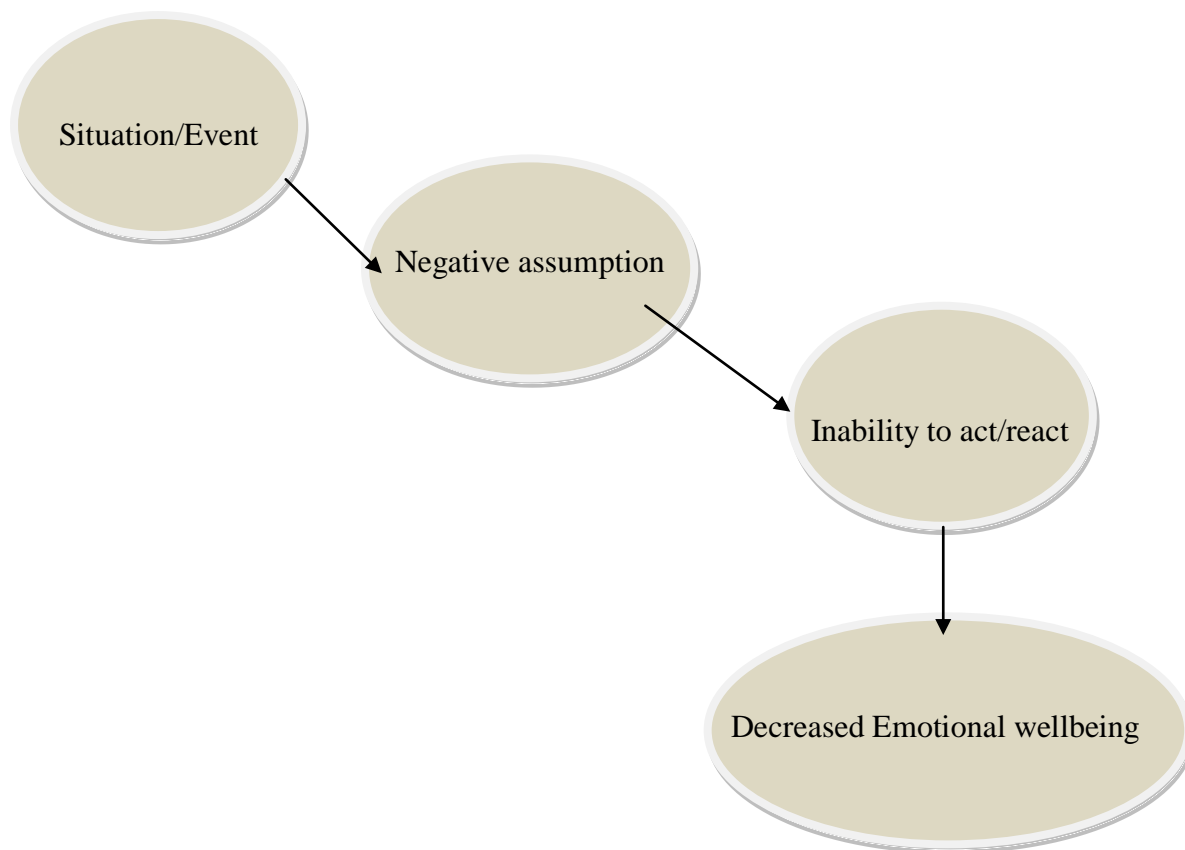
People tend to make assumption of already happened event or the event going to be happening. Generally the assumptions are mixed. Sometimes positive assumptions are mixed with general assumptions or negative assumptions are mixed with personalized assumptions, or sometimes combination of all. People with decreased emotional well-being often tend to make negative

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assumptions of past and future events which may leads to depression, anxiety and phobia also it inhibits an individual to act and gain experience which is needed to enhance emotional well-being.

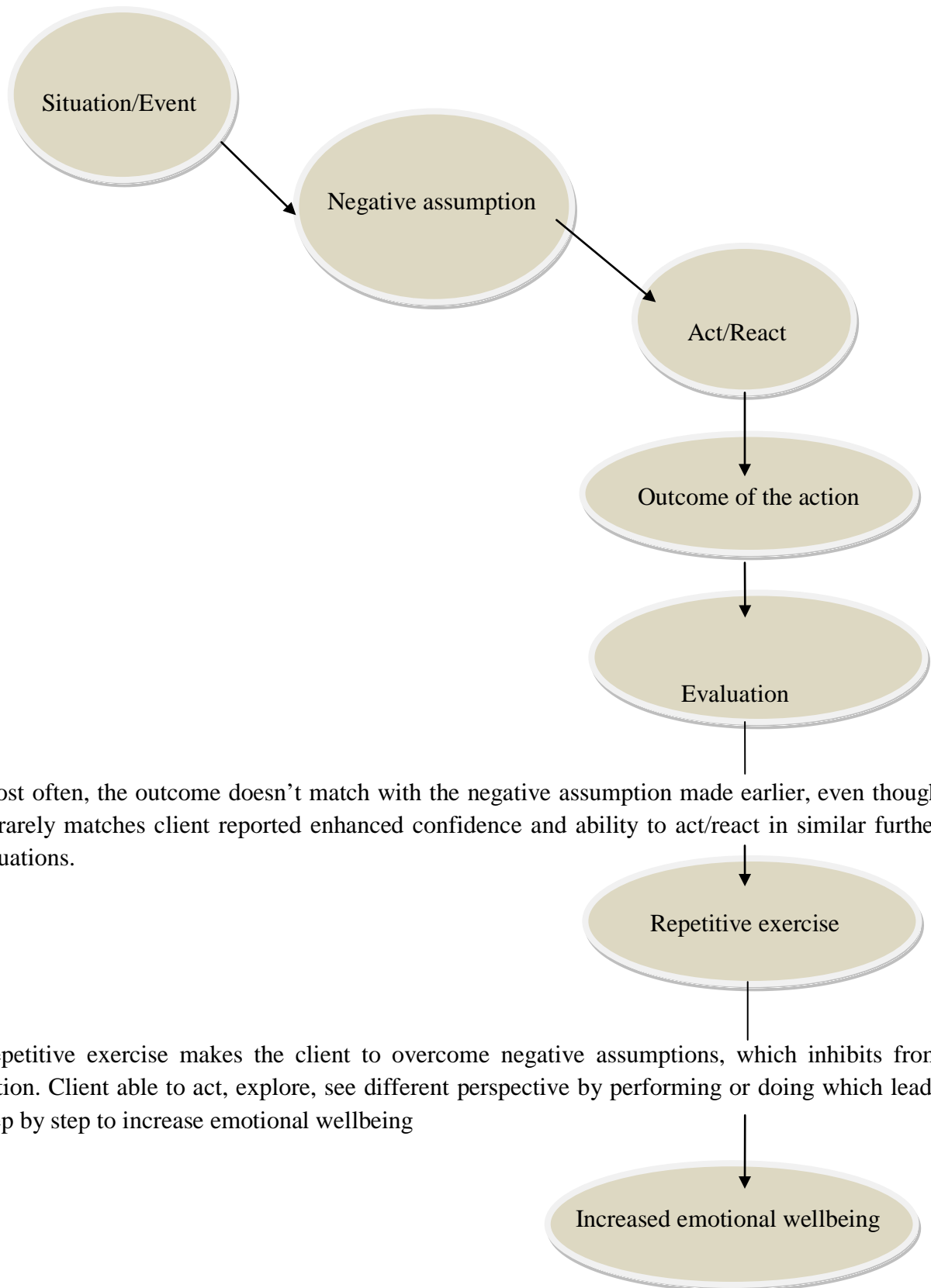
Westen et.al. did attempt to identify empirically supported therapies (ESTs) imposes particular assumptions on the use of randomized controlled trial (RCT) methodology that appear to be valid for some disorders and treatments.(Westen et.al. 2004)

In assumption verification model, the therapist interrogates client's assumptions on a particular event or situation. First the therapist identify assumptions, then the therapist drawn out negative assumptions leading to not act or react to particular situation/event which may leads to decreased emotional well being of the client. Therapist then explains the following cycle of assumption affecting emotional well being.



As a task, therapist then ask client to deliberately act/react on a specific life situation even though if client had a negative assumption, which may follow following cycle.

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RESULTS AND CASE STUDY

The results of Assumption Verification Model were obtained in Clinical practice while handling clients suffering with mental illness. The results are verified from the client and Family member's declaration about well being in comparison with the beginning of first session.

From the number of cases, Three Case studies are described in brief below.

1 Case study 1

Client A, a 18 year old girl, diagnosed with depression, was not able to do regular studies. As per the assumption cycle, her negative assumption was found. The assumption was she may not able to do that much study as she did in the previous years. Client asked to see different situations in day to day life and to observe the assumption s cycle. Also to practice modification of negative assumption and evaluation of the outcomes.

Then for Client A's major problem with studies, Her strong negative assumption first identified and asked her to deliberately reform her assumption to the new one that she may able to do study nearer to the previous one. As the part of therapy. She began to do study in short intervals which lead to create interest towards study. After few sessions, she strongly disagreed with her own negative assumption and proved by the action of doing study as she was doing in the past.

2 Case study 2

Client B, a 37 year old man, diagnosed with Bipolar disorder, was not able to go to work. He was relating his inability with the medicines side effect. Client B, asked to see different situations in day to day life and to observe the assumption s cycle. Also to practice modification of negative assumptions and evaluation of the outcome.

Then for Client B's major complaint of inability to go to work, his negative assumption was identified. Client confirmed he was under the negative assumption that side effect of medicine will affect his work life. Client B reported after rejoining the work, there was no correlation of the medicines side effect and the inability to go to work.

3 Case study 3

Client C, a 22 year old male student, came to clinic to modify his nature, to get ability to form friendship. After discussion, his negative assumption was found. He was assuming, due to shy nature he is not able to form friendship. Strongly believing own negative assumption, was disabling him to act, to do actions needed to form friendship. Client C, asked to see different situations in day to day life and to observe the assumption s cycle. Also to practice modification of negative assumption and evaluation of the outcomes.

Then Client C asked to discourage his negative assumption and to act on forming friendship. Client C reported even though of his shy nature he successfully managed to form friendship.

LIMITATIONS OF THE CURRENT RESEARCH

1. Biological factors affecting emotional well-being are not considered.
2. The results are based on the limited number of case studies.
3. Underlying mental disorder causing decreased emotional well-being is also treated in parallel with conventional psychotherapy like CBT, REBT and Gestalt therapy.

IMPLICATION

Implication of assumption verification model along with other psychotherapies work as supportive therapy to recover individuals suffering with depression, anxiety and phobia. Utilization of the model may assist individual to rethink on the self created mental block causing inability to act. Implication of the model thus results to actions by an individual leading to increased emotional well-being.

DIRECTION FOR FURTHER RESEARCH

1. Empirical data to support increased emotional well being due to the implication of assumption verification model.
2. Distinguish in between the results obtained in increased emotional well being by assumption verification model and psychotherapies separately.

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Conflict of Interests

The author declared no conflict of interests.

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Significance of Colour Usage in Cognitive Mind Maps to Enhance Academic Achievement

Chandini Bhoopal^{1*}, Dr. Saroj Arya²

ABSTRACT

Colour is a significant aspect of Cognitive Mind Maps which are visual representations of a subject to enhance recall. Entire lessons form visual images with key words. Scientific studies indicate a basis for relating colour and its effects to memory and recall. Colour plays a pivotal role in successful encoding, storage and retrieval of information. Extensively used in the corporate world, research studies involving Mind Maps using colours, in U.K. and Australian schools claim successful results. There is little documented/published evidence of the same at high school levels in India. Sound educational systems but changed lifestyles have joint families—now nuclear, with high school ‘latch key’ children succumbing to dangerous distractions like TVs and computerized gadgets. School children not supervised closely may not perform to their intrinsic potential. Dependence on guides/question banks cause students to memorize answers without understanding lesson concepts. Research on Mind Maps with colour, as a teaching/self study aid, will find potential for application in NCERT/SCERT textbooks.

Keywords: *Colour, Mind Maps*

“Mind Maps” are visual representations of the essence of a subject or topic. (Buzan, 1996.) Cognitive processes include attention, perception, memory, understanding, reasoning, problem solving, knowledge and intuition. (Galotti, 2008). Cognitive maps assist in perception and ‘layout’ of key facts allowing the “mind’s eye” to record images in order to enhance recall and learning of information. (Esgate, Groome, 2012)

Role of colour in Cognitive Mind Maps:

Color is the visual perceptual property in humans. Color derives from the spectrum of light interacting with the light receptors in the eye. *Research emphasizes the relationship between colours, attention and memory performance.

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Colour and the Brain:

Scientific studies draw attention to the significance of colour in different areas and its effects on the human brain and memory. Experimental work on the role of colour in arousal of emotions, and its impact on memory and performance are reviewed.

Colour plays a key role in the visual impact on the brain. It is an important aspect of human perception influencing cognition.

Colour and information recall: Memory models

Human memory comprises short-term and longer-term memory Atkinson and Shiffrin. Visual stimuli first reach the sensory register where vast information can be retained there but only briefly and is then moved to the short-term store. It is transferred to the long-term store for permanent storage through various processes.

Craik and Lockhart's model states that the memory processes are more important than the structure of the memory system it suggests a continuous sensory process graduating to a deeper semantic memory process.

Colour as a Powerful stimulus: Colour and attention:

The role played by colour in engaging attention is indisputable. Colours attract attention. Farley and Grant.(1976). A study on cognition did comparative analyses of colour and non colour trials to gauge the advantages of coloured presentations and proved successful. Greene, Bell, and Boyer (1983) Warm colours like yellow, red and orange were found more effective than cool colours like brown and gray.



Fig.1

Interim memory processing involves recognition and labeling and logical analysis like the meaning of the information and its connection to the memory trace. It is assumed that deeper level of analyses contributes to more lasting and longer memory ability.

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So it is important for the stimuli available in the environment to have the potential capacity to activate attention resulting in deeper level of processing for the information to be better remembered. Early studies show evidences that colour has that quality. Colour can profoundly affect the degree of attention and arouse emotions which later promote memory and recall.

Colour and memory:

Colour facilitates memory of select information by increased attention levels. Hence it plays an important role. With increased focus on some stimuli, chances of details being shifted to permanent memory storage are increased Sternberg (2009). Color enhances memory for graphs and charts, and increases recall. Branches in different colours promote right brain activity and creativity, visually differentiating parts of a subject promoting recall.

Coloured branches separating Themes:

In Pan's (2009) study on working memory and visual attention, participating groups were asked to differentiate between colours/shapes of two objects that were presented. In the first experiment, the colours of both objects were the same but shapes were different, in the second the conditions were reversed. The results indicated the groups' response times were speedier in identifying the differences in colours compared to differences of shapes in both experimental conditions (2012). This study suggests that colours have a higher ability to capture attention than other variables.

Complementary or triadic color scheme is used to highlight the difference between things. Analogous color scheme creates harmony. One color dominates and the other two support and highlight facts.

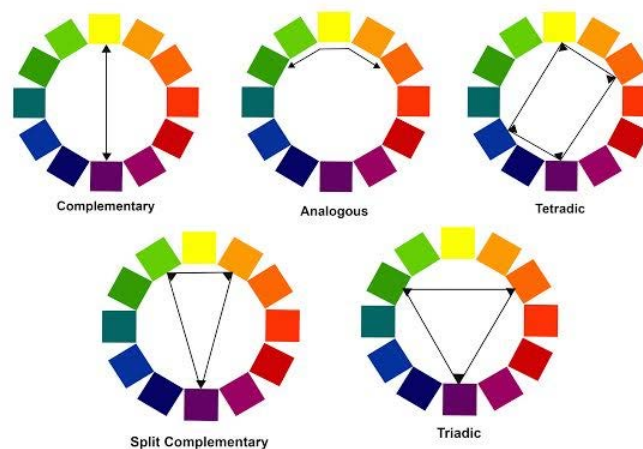


FIG.2

Monochromatic colour scheme to group similar factors and good for providing structure.

Monochromatic:

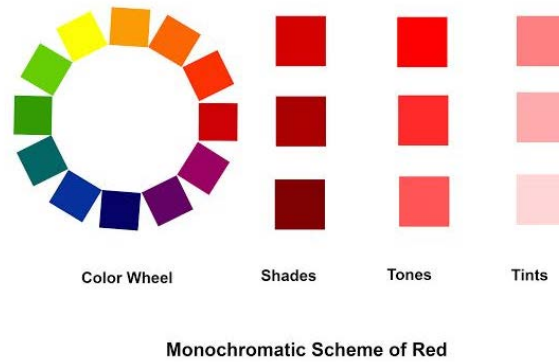
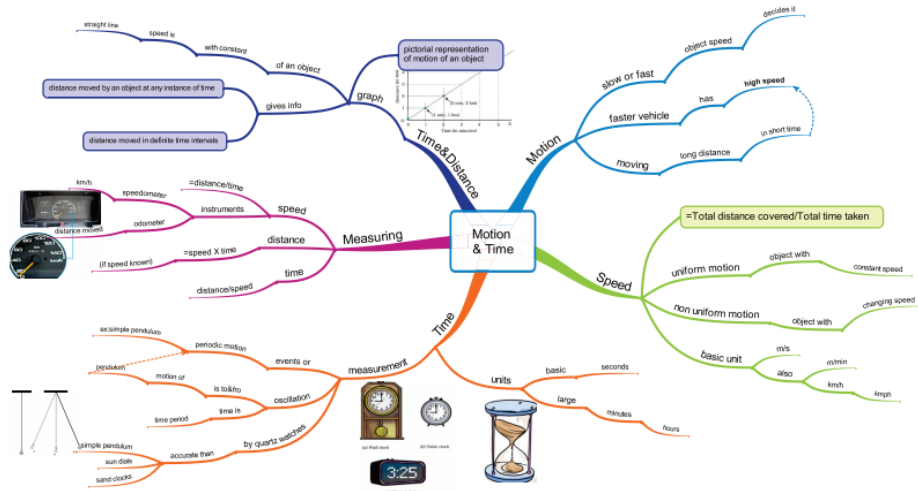


FIG.3

Pan (2012) further to his previous work experimented on verifying the colours. He used visible geometrical shapes with various colours. The participants were asked to memorize both colours and shapes of objects. In the memory test, the group was asked to identify the colours and shapes of objects presented earlier. He found the participants performing better in recognizing colours of objects rather than shapes. The results complemented his previous experiments where colour had a greater impact on attention than the shape. So in conclusion, colours promote higher levels of attention and recall. Color improves comprehension by 73 per cent.

Role of Colour in Arousal and Memory:

Arousal (emotional) plays a key role in keeping the information in the memory system. Colours promote the connection between arousal and memory. Kaya and Epps (2010) Colours enhance levels of attention and give rise to emotional arousal contributing to



Processes that will later increase recall. Farley (1976)

FIG.4

Mind Map on light background.

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Wichmann, Sharpe, and Gegenfurtner (2002), found evidence of effects of colour in improving visual memory. Vernon and Lloyd-Jones Hall (2004) conducted studies to examine effects of colour in implicit and explicit memory performance. The participants were faster in recognizing objects in coloured rather than non-coloured conditions. Coloured elements with non-coloured background resulted in better memory performance and faster response times in comparison to coloured elements with coloured background.

These studies indicate that colour can have a positive influence on memory recollection. To summarize, memory performance is based on a few factors. The consistency of colours used in accordance with the encoding specifically that shows the close connection between , encoding, and retrieval in memory performance. The correct patterns of colours are important because they can produce stronger contrasts which can influence memory and recall.

Impact on Education:

Although mind maps are used by over 250 million people worldwide (Tony Buzan, 2006.) there is relatively less usage in schools by students and teachers. Though extensively employed in the corporate world there is little evidence of the same to enhance study skills in schools which have a large proportion of students from middle and lower socio-economic status. There is a disturbing tendency for increased dependence on guides to school textbooks and question banks. Students often try to memorize whole answers from published workbooks without understanding the concepts in lessons. If students can be guided and encouraged in the usage of coloured Mind Maps as a self study aid, it can be an interesting motivating approach to study and an effective self study aid to increase productivity.

Social Relevance:

Students facing coping difficulties in English medium schools, in whose homes spoken English is a rarity, may have greater conceptual understanding and recall of the subject matter. While some published textbooks in schools have what is called “Mind Maps” at the end of each lesson, they are more in the nature of “concept maps”. Concept maps are graphical tools for organizing and representing knowledge. Ausubel, D.P. (2000). Usually in black and white, they do not follow the guidelines for effective Mind Map usage like minimum 3 colors. (Buzan, 2005.) Elsewhere in the same textbooks there are numerous colorful pictures.

While the effectiveness of colour in Mind Maps is widely acknowledged and research and experiments have been done abroad, similar work in Indian high schools and subsequent findings tested and retested would allow incorporation of effective coloured Mind Maps in school text books especially in state and central board schools. This may promote a happy stress free study ambience in High schools.

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The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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Unprotected In an Islamic Country; Experiences of Childhood Sexual Abuse among Pakistani Women

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ABSTRACT

This study qualitatively explored the experiences of childhood sexual abuse in females. Semi structured interviews with open ended questions were used to obtain in-depth information about various aspects of this experience, ; perpetrator characteristics, type and frequency of abuse, victim's response/reaction, reporting to family or other adults, treatment seeking treatment and perceived effects on mental and physical health. The participants were approached through snow ball sampling. 5 females of different backgrounds and ages who gave consent to share personal information were interviewed. Their verbatim were transcribed and content analyzed. The results of the interviews after content analyzed were that their current age, ages at time of abuse, reporting experiences, relationship with abuser, psychological reactions and counseling sought of or not. To lend support to findings of first study, as a next step, three anonymous stories were selected from the internet and content analyzed. The findings of the study revealed that incident of abuse at home have higher frequency then outside. Three out of five participants were abused by their close relatives, 2 were abused by family friends. Most common form was kissing, touching body parts and showing pornography. The reaction of the family mostly was not supportive. The emotional effects were: sad mood and feeling of unhappy and isolation, worthless and crying episodes. Physical effects ere palpitation, trembling and increasing heart beat immediately after abuse. Some victims of sexual abuse felt sexual repulsion and have difficulty accepting closeness to men. 3 out of 5 participants sought counseling but 1 of 3 participants took counseling after very long time. Two women reported taking sleeping pills for the quality of sleep. So, collectively, from interviews and stories, it was found that the impact of sexual abuse remains same across cultures.

Keywords: *Experiences, Childhood Sexual Abuse, Stories, Females, Trauma*

Sexual Abuse is an act committed by any person to get sexual gratification and satisfaction by use of force from another person against his or her. It happens against children, adults and

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members of both genders. Sexual abuse can result in long term negative consequences both physical and psychological problems such as depression, low self-esteem, social withdrawal and anxiety (Linder & Grashow, 2013). The painful consequences are more severe for children who are vulnerable due to their developmental phases. Sadly there are few societies free of this appalling and shocking crime against humanity. Much research has focused on effects on victims, however there are some unexplored aspects such as victim's reactions, family's reaction and descriptions of incidents that can help create better awareness and aid in planning of counseling and protection policies in our society. Therefore this study examined first-hand information from adult women who had experienced childhood sexual abuse.

Many people believe that childhood sexual abuse is carried out only by authority figures but in reality children are abused by loved ones, family member's family friends and with those who are supposed to take care of them and protect them (Kempe, 1978).

Previous studies show that strangers as well as family members are involved in sexual abuse of children. This suggests that children of all ages and both genders are at risk within families and in larger community. The crime includes several distinct types of mistreatment. Any kind of sexual act to an immature child is damaging because it ruins child's trust violating his/her human dignity. It is a form of exploitation. (Fraser, 1981). The involvement of dependent and developmentally young children and adolescents in sexual behavior they do not truly understand and hence are unable to give consent or derive pleasure from thus becomes doubly damaging. (Kempe, 1978).

Two points of view about victims are mainly the sexually acting theory and passive-victim theory. The sexually acting view suggests that some children act in way that encourages adults to approach them sexually. These children have poor relationship with their parents and are needy in other ways tend to obtain attention and affection from an adult by arousing adult sexual impulses (Burton, 1968). The second theory postulates that many children are victimized by failing to take care of themselves by the means of self-protective actions. They do not take action to stop the molestation and are believed to be disturbed and passive, all of which make them vulnerable to become victim (Defrancis, 1969).

A review of the research on victims of sexual abuse tells us that sexually abused children have more symptoms than the non-abused children, but have less symptoms than those who are clinically referred in treatment (Kendall & Williams, 1993).

The most frequent symptoms of abused children are fears, posttraumatic stress disorder (PTSD), behavioral problems and low self-esteem (Kendall & Williams, 1993).

One symptom cannot characterize the whole population and there is no pattern of symptoms that can define a sexually abused child syndrome. Depression, poor performance at school, distraction and decrease in retention and learning ability is also reported (Kendall & Williams, 1993).

Among adolescents other symptoms such as anxiety, nightmares, PTSD, internalizing and externalizing behaviors are also prominent while withdrawal, suicidal attempts, isolation, self-injurious behaviors, illegal acts, running away and substance abuse is not uncommon. Longitudinal studies indicate that the symptoms tend to become less severe with the passage of time (Kendall & Williams, 1993).

A study in Pakistan on adult sample of 248 university students has shown that symptoms of anxiety, depression, OCD, phobia, somatization, hostility, interpersonal sensitivity, paranoid ideation and psychotic features were significantly more as compared to non-abused peers (Ali, 2005). Similar findings have been reported in another study on coping among female victims of sexual abuse (Ahmad, 2010). The females reported symptoms of depression and helplessness and mostly used emotion focused coping that actually is not an effective way of seeking help (Ahmad, 2010).

Jehu, Gazan and Klassen (1985) found that 82% of survivors blame themselves for the abuse. Trai and Wagar (1978) have also reported a high incidence of guilt among the survivors and suggest that feelings of guilt are universal among women. The impact of sexual abuse can range from no audible effects to very severe ones. Usually, children who experience the most serious kind of abuse, e.g. abuse involving family members and high degrees of physical force report more behavior problems ranging from separation anxiety to posttraumatic stress disorder. However, children who are the sufferers of sexual abuse are also frequently exposed to a variety of other stressors and difficult conditions in their lives. The sexual abuse and its consequences may be only part of the child's negative experiences and succeeding behaviors. Therefore, correctly diagnosing abuse is often complex. For all of these reasons, when abuse is assumed, properly trained health professional should be consulted (American Psychological Association, 2012).

Along with reporting and diagnosing of abuse, the attitudes of family and public are also important dimension. It is these people who can report and act upon a child's complaint and in the first place make the child aware of possibility of abuse and train him or her in safety and actions for reporting. This is usually absent. A research was conducted to examine attitudes of the general public living in a rural community about child sexual victimization through a population based survey. In a representative sample of the population of rural Klamath country in Oregon. Interviews were conducted in shopping malls, educational facilities, and locations for state and country services and child and parent centers. This study found that the people had

significant deficits in their perceptions about child sexual abuse such as they are bad child (Shackel, 2008). In view of the above, it is imperative that families, policy makers, educators and social scientist join their efforts to influence not only public opinion but also raise effective protection practices against childhood sexual abuse. The purpose of the present study is to explore the childhood sexual experiences in females focusing on specific points that may aid in designing information manuals for families. A number of studies have examined the effects on victims and some have explored perpetrators. However, useful first-hand information is needed that can be utilized to make action guidelines for victims and families. Pakistan is an Islamic country, yet effective legal and police reporting procedures, arrests and follow up by counseling needs to be devised. Findings of previous studies revealed that sexually abused children undergo severe and often long term psychological problems. They require mental health support and special care in this regard, care givers especially parents, can play their role by responding to complaint of child, being observant and seeking and providing psychological and legal support to victim. We need to know the situations in which children become victimized so they can be told what to do in case of sexually inappropriate advance from someone, the findings of the present study would contribute to a better understanding of factors that facilitate or interfere with the adaptive functioning and recovery of the victims.

This study focused on obtaining simple straightforward information of specific details of abuse incidents that included age of victim at time of abuse, relation to perpetrator, location of incident, circumstances, the reaction (reporting to family or anyone else, emotional response), response of family in case of reporting and seeking help or treatment and usefulness of treatment.

1. The present research was conducted in accordance with APA ethical guidelines and it was approved by the Board of Studies in Applied Psychology, University of the Punjab. Prior to taking part all participants were fully informed as to the purposes of this study.

STUDY I

Method

This research was designed as a qualitative study and Interviews were used for data collection.

Interview facilitates the researcher's deeper understanding of experiences of people that is not possible through mere questionnaires. Understanding the experiences of participants requires attentive listening to their voices as they tell their own stories. It helps the researcher to interpret and better understand the complex reality of lived experiences.

Sample

For this study, sample consist of 5 females who had history any kind of sexual abuse. Sample was selected through snow ball sampling because it was a specific criteria. Researcher was approached the first participant with the help of her friend who knew the lady she had history of

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sexual abuse researcher took her number and approach her for taking information regarding her experiences. 1st participant referred the researcher to 2 more clients so in this way researcher took the data of 3 participants remaining 2 participants information took from Dar ul Aman 3rd participant told the researcher that there are the females having domestic violence researcher took lots of interviews from there but 2 was there who fulfill the criteria of this study.

All participants' belonged to different families and backgrounds. Table 2.1 shows the age, education, marital status and occupation of the participants at the time of interview.

Procedure

First of all process of interview protocol was designed for the interviews. Female participants were contacted and approached through personal contacts. Informed consent was obtained after describing purpose of study, ensuring anonymity and safety of information. Beginning with an orientation phase that was designed to explain the nature and purpose of the study, participants were ensured that personal information i.e., name and location, would be kept confidential. After getting their consent the formal interview was started. The interview took 40-60 minutes. The interview began with context questions that provided the understanding about context of the incident of sexual abuse. The researcher shared that many women go through this as she has observed and heard from her peers and it would be useful to have their story as it would help many children in similar situation. This open ended question was followed by probing questions when necessary to explore the information. After getting detailed information, the researcher expressed thanks to the participants. Each interview was transcribed and analyzed using content analysis.

Findings

(Table 2).

Various aspects of sexual abuse come out in the findings (Table 2) Incident happen in home have high frequency then outside. Three out of five participants were abused by their close relatives [uncles (mamo)] and 2 were abused by family friends. Most common form was kissing, touching body parts and showing pornography. Among 4 of 5 participants reported their responses about sexual abuse the reaction of the one participant's family was not supportive they didn't trust her one of them parent was scold her and asked to keep the mouth shut and 2 of them was supportive and help them to overcome from trauma. The emotional effects reported are: sad mood and feeling unhappy, feeling isolated, worthless and crying episode. Physical effects experienced were palpitation, trembling and increasing heart beat immediately after abuse. Some victims of sexual abuse felt sexual repulsion and have difficulty accepting closeness to men. 3 out of 5 participants sought counseling but 1 of 3 participants took counseling after very long time. Two women reported taking sleeping pills for the quality of sleep.

Table 4 represents themes of feelings at time of incident is common in participants. It is observed that fear and low self-esteem almost have same in all participants. It is also observed that victims of this incident have guilt and shame from the situation. The findings also represents common symptoms of psychological reactions of participants. It is resulted the depression is on high peak after long time of incident. Some participants reported anxiety symptoms and some have sexual repulsion and have to face difficulty to make relation with their husband. It is also observed that the symptoms of phobia are also faced by the participants.

STUDY II

Method

The aim of the study II was to explore the depiction of sexual abuse stories taken from the internet. Three anonymous stories were taken from the website of hero project and escaping Hades. The stories are selected on the basis of inclusion criterion i.e., childhood sexual abuse. These stories illustrated psychological and emotional disturbances of the victims and were analyzed to understand what effects and associated variables of sexual abuse are reported in these anonymous stories.

These stories are supporting our findings. In (Figure1) similar themes found in the three stories and live experience of sexual abuse females. Similarity in the Role of perpetrator in all the Three Stories sexually abused females (Figure 2). The findings revealed in (Figure 3) there are similarity in the personality of victims in All Three Stories. (Figure 4) describes similarity in the role of mother in three stories abused females. Mother Child relationship of 3rd story describe in (Figure 5).

Summary of Findings

The research attempted to gain an understanding the perceive problems of the experiences of childhood sexual abuse. The results highlighted many problems that are faced by the sexually abused people. The face psychological problems like anxiety, depression, phobia, sexual repulsion, adjustment problems and issues related marriage and education.

The themes that emerged from the analysis of experiences are similar to those of interview and in content analysis. The similar themes are psychological problems faced by the participants like symptoms of depression, anxiety, sexual repulsion, phobia, adjustment problems, less bond between parent and child, marriage issues and education effected by the situation.

Discussion

This study sought to gain some basic information on incidents and experiences of childhood sexual abuse among adult women. The findings suggest that they face psychological problems like low self-esteem, anxiety, depression, phobia, sexual repulsion, shame and guilt, adjustment problems and issues related marriage and education. As a participant reported:

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“I was feeling worthless I thought there is nothing for me. Most of the time I feel sad and unhappy and wanted to be isolated”.

A participant who had experience difficulties of interpersonal relationship (sexual repulsion) reported as:

“My relationships with my husband are not enough satisfactory we are not close enough... I mean....I always reluctant to share my feelings with him and sometime I refuse to close with him avoid to make relation for a long time”.

Similarly, Mullen (1994) examine effects of sexual abuse on social interpersonal and sexual function in adult life. He found significant association between child sexual abuse and interpersonal relationships which increased sexual problems and a disruption in intimate relationship by difficulties with trust and perceived their partner as uncaring person.. Moreover, those who reporting childhood sexual abuse are more likely to suffer social interpersonal sexual difficulties in adult life (Mullen, 1994).

Present findings suggested that perpetrators were mostly abuse by their close relatives. A participant reported as:

“I was molested in the car by my maternal uncle. My uncle had taken my family shopping and had dropped them at a store while he waited in the parking lot. I was with my uncle. My uncle asked me to sit on the front seat. He first started touching on my chest, then put his hands inside the shirt, and then into the trousers. I was too much scared”.

Another participant reported that:

“I was molested in my home by maternal uncle. My uncle sometimes asked me to sit in his lap. One day he sat in his lap trying to kiss me in a wrong way. I was feeling ashamed and being forced. Tried to run away but he held me tightly”

Csobra (2006) supported the findings. He reported that the 44% perpetrator was the victim's father, 40 % was step- father. It can be concluded that the majority of the abuser were from their families, may be they can easily approach them and have no fear to be get disclosed.

The present study also found that parents' response is not always helpful or supportive. Only 3 women shared their incident with mother and the response was discouraging: As a participant expressed her views regarding family:

“I told my mother about this incident. But my mother did not believe me and slapped me.

Another participant reported:

“I tried to tell my mother but she scolded me and asked me never to say such words against my uncle”.

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Mary's story from web site also consistent with finding of present study:

"I told my mother the first time but she did not trust me. I was being abused for a long time with different people and then I did not tell my mother because she did not trust me".

In present study after the experience of abuse all victims report being disturbed. However only 2 went for treatment in adulthood and both report feeling relaxed and being able to relieve the haunting and traumatic memory. However the counseling was sought in adulthood not in childhood and this may be too late. One participant used drugs for relaxation.

"I was too much disturbed, unhappy, sad and also feeling worthless when my mother did not trust me. I took sleeping pills for relaxation.

It can be concluded that majority was abused in their homes and by their relatives mostly uncle and the anonymous stories also showed that the victims were abused by their relatives and inside their homes. The kind of abuse (kissing, touching genital organs, sexual intercourse) was similar in the participants and the in anonymous stories. The majority reported experiences about the incident was not supportive which leads the victim towards psychological problems such as: sad mood, unhappy, feeling of worthless, self-blame, shame and guilt. It can be concluded that victims may took drugs after the incident but those, who were taking counseling may have coped in better way.

It is limited in scope due to only female participants but the purpose of study is accomplished. Further studies should include adult males as sexual abuse among boys is as common. However, the present findings have important implication for victims of sexual abuse, extended family members and social community. Children spend more time with their family, parents, siblings and relatives as home is always considered a protected place. When they experience sexual abuse at their homes by their relatives, it breaks their trust and make them feel insecure which have negatively affect their quality of life, relationship and their skills. Hence it is important to systematically plan for their protection. Through this study we are able to make such a plan and that is the contribution of this study.

It is suggested that parents need to listen their children carefully, take them seriously, and investigate, not to trust male relatives, not to leave them alone, look for signs of distress among children, and closely watch their male teachers, servants, uncles, friends and even Quran teachers. Do not leave their children alone with any adult except parents (even fathers are not safe). Moreover, parents need to teach their children what they have to do if someone touches them against their will.

Parents should first get awareness about this matter by themselves and then should teach their children about it. In this case parents are further suggested not to get only surface knowledge about it but a bit of extensive knowledge, for instance almost everyone knows that sexual abuse

is a crime but a very few, even well educated people, knows what kind of apparently little acts can fall in the ambit of sexual abuse. Moreover, parents should be open to their children, so the children can tell their parents in case of sexual abuse and parents should not castigate their children in such cases as the trend of hostility towards the victims of sexual abuse by their parents is quite prevalent in our society. In case of abuse is confirmed, first of all parents should report it to concerned authorities for the want of proper legal action against the offender(s) and for the victims, parents should get him/her consulted by some competent therapist even if they find no apparent harm to their children. Unfortunately, like the scarcity of specialist therapists in many other fields, we do not have enough trained therapists to cure the repercussions of sexual abuse. Even the therapists like general practitioners can only be found in big cities. In far flung cities and especially in the villages, where these therapists are required more than in the big cities, we do not have them. The partial liabilities falls on the universities and the clinical centers along with the government that universities and clinical centers should start specialized courses of child abuse and make the training of therapists and counselors rigorous in it.

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Conflict of Interests

The author declared no conflict of interests.

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Table 1 Demographic Characteristics of participants

Participants	1	2	3	4	5
Age at time of abuse	11	08	10	12	14
Current age	25	22	24	23	30
Education	Graduation	Matric	Primary	Matric	Matric
Occupation	Student	House wife	Stay at home	Stay at home	House wife
Marital status	Single	Married	Single	Single	Married

Table II Content Analyses

No. of participants	Age at time of abuse	Age of Participants	Abuser relation	Types of abuse	Frequency of abuse	Feelings of victims	Reporting experiences	Reaction of family	Effects after experience	Taking counseling
1	11	25	Uncle	Kissing	Sometimes	Feeling forceful attempt	Mother	Don't trust her	Feeling worthless no one care for her	Yes
2	08	22	Uncle	Touching genitals	1 time	Fear from that person or sometimes to all men	Mother and sister	Support her	Sad mood and don't want talk anyone	yes
3	10	24	Servant	Try to touch her genital, sexual intercourse	Many times	Fear from home	Did not tell anyone		Feeling trembling and high rate of heart beat	No
4	12	23	Friends cousin	Show pornography to pretend games on computer	3 times	Avoidance of friends home	Mother	Scold her	Think about the situation and feeling crying	No
5	14	30	Fathers colleague	Kissing and trying to touch her shoulders	1 time	Forceful attempt and fear to go in front men	Tell her mother	Support her	Fear and cut off from everyone avoid of making friends	Yes (after a long time)

Table III Frequency Distribution of various characteristics of abuse

Main Category	Sub Category	Frequency
Setting	Where incident happen	
	Home	4
	Outside	1
Relationship with perpetrator	Relative	3
	Family friend	1
	Servant	1
Kind of abuse	Kissing	3
	Touching genitals	2
	Pornography	1
	Sexual intercourse	1
Reporting experience	Supportive	2
	Non Supportive	3
	No reporting	
Psychological effects	Depression	
	• Sad mood	4
	• Unhappy	6
	• Isolation	3
	• Crying	2
	• Self-blame	1
	• Worthless	4
	Anxiety	
	• Palpitation	2
	• Trembling	1
	• Increase heart beat	2
	Sexual repulsion	
	• Reluctant to make relation With men	1
	Phobia	
	• Fear from men	3
	• Fear of darkness	2
Taking treatment	Counseling/no treatment	3, 2
Taking drugs	sleeping pills	1

Table IV. Themes depicted if feelings after incident

Main Category	Sub Category	Example
Fear	<ol style="list-style-type: none"> 1. Felt fearful that a tragedy could happen felt vulnerable. 2. Felt scared about future. 	Dar lagta tha esa lagta tha kuch bura honay wala haai. Ghar sai dar lagna shuru ho gya khas tor pai tab jab ami ghar nahi hoti thi
Shame/Guilt	<ol style="list-style-type: none"> 1. Shame towards their actions. 2. Felt shame if someone knows about this. 	Muje apnay baray maai ganda ganda mehsoos hota tha yani mai lambay arsay tak ihsas e nidamat ka shikar ho gai thi.
Low Self-esteem	<ol style="list-style-type: none"> 1. Low self-confidence and not feeling good about self. 	Mai khud k baray mai acha mehsoos nahi kerti thi muje lagta tha mai baki logo ki tarha nahi rahi ho.
Depression	<ol style="list-style-type: none"> 1. People with depressed mood have some somatic complaints (weight loss/gain and sleep disturbance), cognitive complaints (sense of worthlessness, guilt, difficulty concentration) and behavioral complaints (psychomotor agitation, psychomotor agitation). 	Mai udas rehti thi khud ko bohat akela mehsoos kerti thi. Esa lagta tha meri kisi ko zarorat nahi or mai ziada waqt roti rehti thi or tanhai mai ziada achi lagti thi.
Anxiety	<ol style="list-style-type: none"> 1. It include excessive worry and anxiety about number of activities or events difficulty controlling the worry related symptoms such as restlessness, tiring easily, body tension, and disturbed sleep. 	Har waqt bechaini hoti thi. Baithay baithay hath pao sai paseena choot jata or kabhi kabar dil ki dharkan b taiz ho jati thi.
Sexual repulsion		Shohar acha nahi lagta tha. Koi b mard acha nahi lagta tha.
Self-blame		Muje esa lagta tha aj mai jin halat mai ho apni hi waja saai ho.

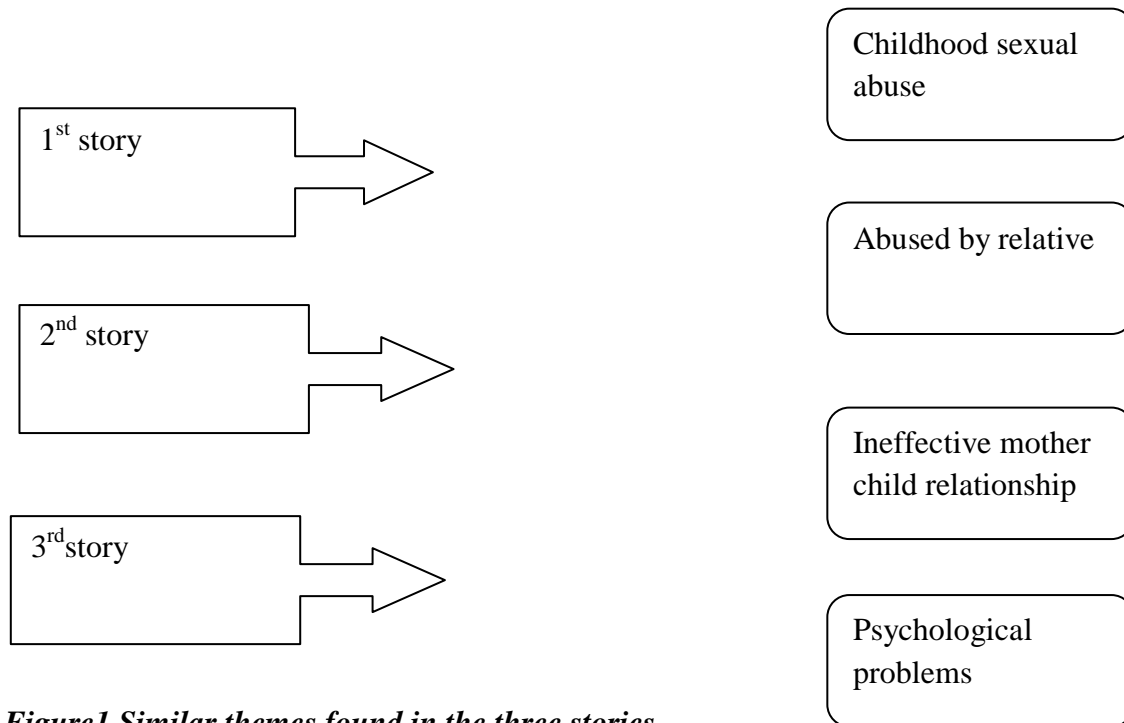


Figure 1. Similar themes found in the three stories.

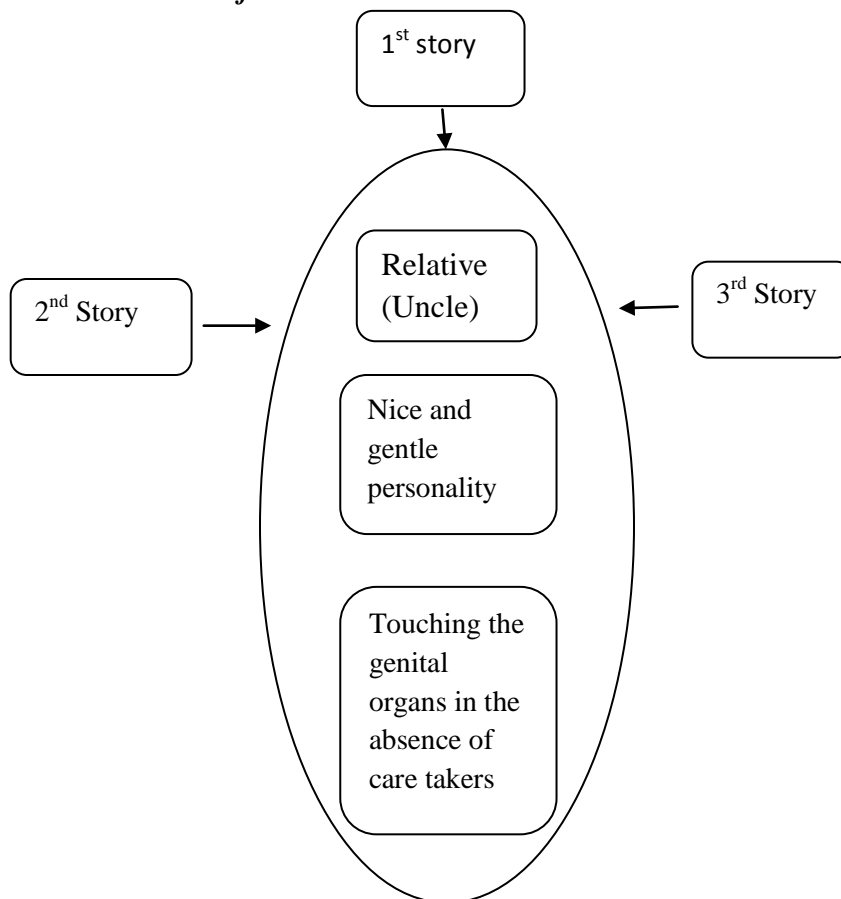


Figure 2. Similarity in the Role of perpetrator in all the Three Stories.

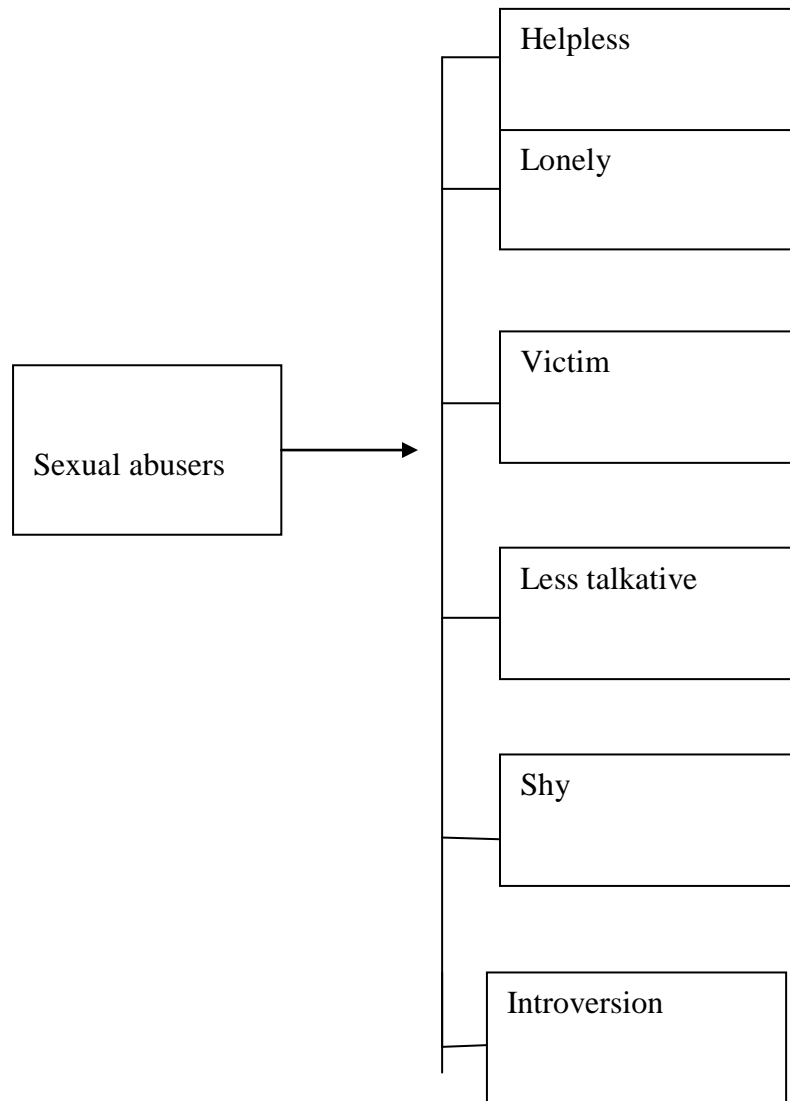


Figure 3. Similarity in the personality of victims in All Three Stories.

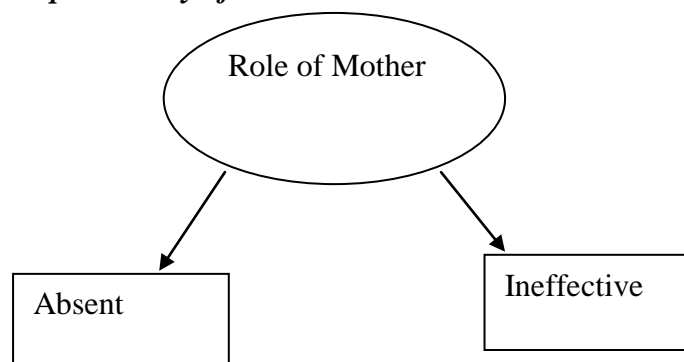


Figure 4. Similarity in the role of mother in three stories.

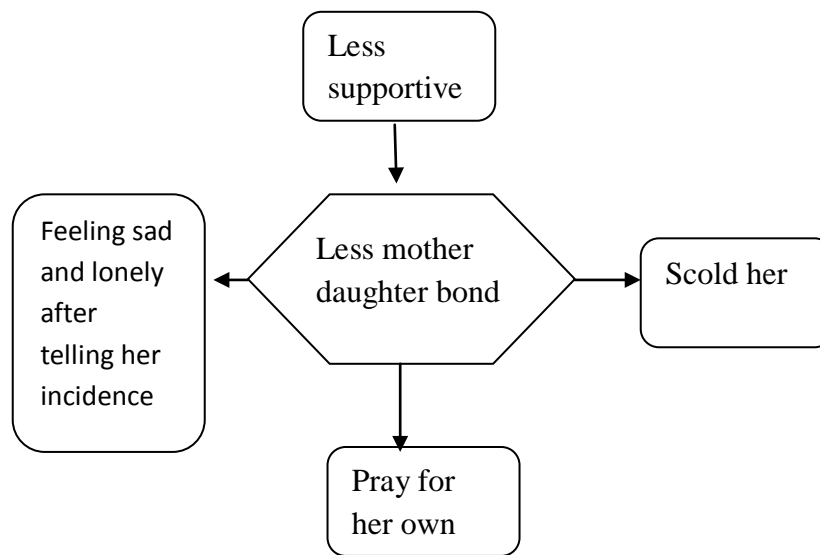


Figure 5. Mother Child relationship of 3rd story.

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Psychological Capital Research in India: A Review and Critique

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ABSTRACT

Psychological capital (PsyCap) draws from the significant body of research that Seligman and Csikszentmihalyi have initiated in the wake of the positive psychology movement. The article introduces the concept of psychological capital which is created by Fred Luthans and his colleagues. The main purpose of this article is to position the psychological capital research status in India. The article also highlights the gap in the area which helps the researchers to identify areas for further study.

Keywords: *Psychological Capital*

PPsychological Capital can be defined as: “An individual’s positive psychological state of development that is characterized by: having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; making a positive attribution (optimism) about succeeding now and in the future; persevering toward goals, and when necessary, redirecting paths to goals (hope) in order to succeed; and when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success” (Luthans, Youssef, & Avolio, 2007 p. 3) Each of these components of PsyCap have a background in theory and research; can be measured; can be developed over time and has a positive impact on performance (see Luthans, 2002; Luthans & Youssef, 2004).

Objectives of the Study:

The aim of this article is to review significant research that has been conducted in the field of Psychological Capital in India. in order to understand the growth of the positive psychology movement since it began at the turn of the new millennium.

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Research design:

The research was based on search of secondary data from various sources on the internet. Google scholar was the primary data source for identifying and selection of relevant articles. In addition to the word psychological capital the key word India was also used in the advanced search option. Only conceptual or empirical research articles were used for the study. In order to minimize the risk of losing out on relevant data a few journals on psychology was also looked into during the study. A extensive search of the existing literature from India of the articles was done to identify similarities among the studies to evolve themes from it. The studies cited in this paper is from journals listed on Google scholar.

There are a few studies that have gone beyond relatively static constructs such as demographics and personality to examine the role of dynamic construct of psychological capital on various aspects. The various themes on which the studies are done are found to be commitment, satisfaction, leadership and well being.

Commitment: a significant portion of the studies on psychological capital in India is on its impact on commitment and also the citizenship behavior. Some of them to mention is as below. This paper Psychological Capital as Predictor of Organizational Commitment and Organizational Citizenship Behavior Prof. Anu Singh Lather , Ms. Simran Kaur(2015) examined psychological capital in two types of organizations: public and private schools. This study explained how psychological capital effects organizational commitment and organizational citizenship behavior in public and private schools. The sample includes 150 employees, 75 each from two types of schools. Various dimensions of Psychological Capital were measured by scale developed by Luthan, Youssef & Avolio. Organizational Commitment was measured by Allen & Meyer's scale and Organizational Citizenship Behavior by a scale developed by Podsakoff. The result obtained from Pearson correlation and stepwise multiple regressions and it showed that all the dimensions of psychological capital were significantly different in the both the kind of schools. Regression analyses showed that psychological capital as a whole can predict organizational commitment and organizational citizenship behavior in both kinds of schools.

Study by Bharat Chandra Sahoo and suresh kumar sia(2015) based their study on the sample of 276 employees (150 male, 126 female) from three manufacturing units in India. It was based on the context that scales were not validated or standardized in the Indian context and direct application of such scales to the Indian population is sometimes not practical due to differences in culture, belief, language and lifestyle .the authors carried out factor analyses involving both exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) on psychological capital questionnaire by Luthans, Avolio, Avey and Norman (2007) and CFA for organizational commitment scale by Mowday, Steers and Porter (1979). The study involves The EFA of psychological capital suggested a three factors model instead of a four factors model. When it was estimated with CFA, the three factors measurement model was more well fitted than single

factor as well as four factors models. The series of CFAs conducted for the organizational commitment scale through the measurement model reported that two factors structure is good enough to measure commitment behavior. Structural equation modeling (SEM) analysis reports that psychological capital contributes significantly to organizational commitment

In a study by Shukla, A., & Singh, S. (2013). on 368 junior and mid-level IT executives from India exploring the role of perceived organizational support (POS) in developing organizational trust and organizational commitment and the moderating effect of psychological capital therein. A self-reported questionnaire survey was conducted among POS was found to be positively related to the aforementioned variables and the relationships witnessed attenuation at higher levels of psychological capital.

Promila Agarwal(2011): The study empirically links the relationship between Psychological Contract and Organization Commitment in the Indian IT industry The correlation design is used here to understand the relationship between psychological contract and employee's intent to stay with the organization. The results showed that 'intent to stay' and value commitments are significantly and positively correlated with psychological contract. The study highlights the importance of psychological contract and its detrimental effects on human capital, if ignored.

Amit Shukla & Shailendra Singh (2013)attempts by a cross sectional survey to examine the mediating role played by job satisfaction between Psychological Capital and OCB. A self-reported paper based questionnaire survey was conducted on mid-level managers (N=172) from a large Indian telecom company. Statistical analysis revealed that Psychological Capital was a better predictor of job satisfaction as compared to OCB and the that both psychological capital and work engagement have significant impact on the organizational citizenship behavior of the employees.

Rabindra Pradhan, L Kesari (2016)did a study on 212 professionals in Indian manufacturing and service industries. investigated the relationship between psychological capital (Pscap) on organizational citizenship behavior (OCB) whether the construct of EI plays a role in moderating the relationships between Pscap and OCB using SEM. The results show that Pscap is positively related to OCB.

Leadership

Khan (2010): examined the relationship between Positive Psychological Capital (Luthan's Model), Leadership Behavior Model (Don Clark) and Leadership Behavior Description Questionnaire (adapted by J. William Pfeiffer and John E. Jones) on a sample of 105 students randomly selected amongst entrants/ students pursuing their PGDBM at a premier institute of Central India. These respondents were subjected to 4 measures of PPC including Optimism, Hope, Resiliency, and Self-efficacy/ confidence, 2 measures of Leadership Behavior Model of

task oriented or people oriented and the same measures through Leadership Behavior Description Questionnaire, helping define an individual's leadership style used and its effectiveness. The analysis of these measures reveal that the constructs of PPC and Leadership are significantly correlated suggesting that PsyCap can serve as an effective predictor of Effective Global leadership amongst MBA students.

Satisfaction: study by Swati Chaudhary, J.S. Bidlan and C.R. Darolia (2015) examines the relationship between psychological capital, job satisfaction and turnover intention of LIC employees a leading insurance company in India. A sample of 124 employees including 100 males and 24 females is selected for the investigation. PsyCap was measured with the use of the 24-item psychological capital questionnaire (PCQ) by Luthans, Youssef, and Avolio (2007). The Job Satisfaction Scale (JSS) was developed by Muthayya (1973) and Turnover Intention assessed through Shore and Martin (1989) scale. Findings of study show that there is a positive significant correlation between psychological capital and job satisfaction and psychological capital and turnover intention. It is also reveals that there is significant difference in male and female's job satisfaction but no significant difference is observed in turnover intention.

Performance study by Gupta, V. (2013) presents psychological capital as an important mediating variable for the relationship between high-performance HRM practices and employee creativity.

Well being: Dr. Chandrani Sen, R Hooja(2015)The study on 50 police officers posted in Rajasthan (N=50) explored the relationship between the core constructs of psychological capital (hope, optimism, resilience and efficacy) with work-life balance. The study was conducted using Psychological Capital Questionnaire (PCQ) developed by Luthans, Youssef, Avolio (2007) and Work life balance questionnaire developed by Haddon(2008). Correlation design was used to analyze the data. Results revealed that psychological capital and work-life balance were positively related, wherein only efficacy, one of the construct of psychological capital, significantly related to work-life balance.

Nayanika Singh & Aadi Garg(2014) in their study attempted to assess the effect of gender on Psychological capital and Personal Wellbeing among male and female teachers. The sample consisted of 100 teachers (50 from each gender) randomly selected from colleges of Chandigarh, age ranging, 35-50 years, having at least five years of teaching experience. The tools used for the present study consisted of the Psychological Capital Questionnaire and the Personal Wellbeing index for adults. The T-test was used for the purpose of statistical interpretation to assess the significance of difference between the two means for male and female teachers

K. C. Barmola (2013)in a study on of 100 adolescent has been selected randomly from a public school Jaipur, (Rajasthan: India) in which 50 are male and 50 are female. Find out the gender

differences (with various dimensions of the scale) among adolescents in terms of positive psychological capital. Study say that overall there is no significant gender difference is found among adolescents in terms of positive psychological capital. Having four dimensions (hope, self-efficacy, optimism and resiliency) of the test, each of them is analyzed separately. In the comparison of dimensions no gender difference is found on self-efficacy, optimism and resiliency but it is found significant on hope ($t=2.77$) at 0.01 level. Therefore it may be estimated that there can be gender difference only in terms of hope among adolescents but not in other dimensions.

Sihag, P & Sarikwal, L. (2014). The study focuses on the relationship between PsyCap and employee engagement. Data from 420 middle level IT professionals (working in different IT industries in Indian context) were collected for current study. Regression analysis, basic descriptive analysis, Confirmatory factor analysis, model fit analysis etc. analysis were performed. Results revealed positive impact of PsyCap on Employee Engagement. Results of current study demonstrated that employee with higher level of PsyCap (in terms of hope, confidence level, bounce back capability and optimistic view) show higher level of work engagement at workplace in IT industries.

Abhishek Kumar Totawar and Ranjeet Nambudiri (2016) in their study identifies psychological capital (PsyCap) as an explanatory mechanism for the influence of organizational justice on job satisfaction and organizational commitment on the basis of social exchange theory, and 'broaden and build' theory of positive emotions, It tested a theoretical and structural model that hypothesized mediation of PsyCap in the influence of organizational justice on job satisfaction and organizational commitment. A survey-based methodology, with standardized scales was used. A sample of 440 employees from the Indian service sector industry was drawn. A two-step process of analysis, with AMOS 16, was employed to test the structural model. Besides examining the significance of indirect effects using the bias-corrected confidence intervals with two-thousand bootstrap samples, the study also applied alternative/nested structural equation models to test the mediation hypotheses. Results are found to be consistent with the stated hypotheses thus confirming the mediation of PsyCap in the influence of organizational justice on job satisfaction and organizational commitment. It also supports and extends the view of previous researchers that PsyCap is a significant positive organizational behavior (POB) variable, as it is capable of performance improvement and is open to development. From a managerial perspective, given the 'open to control' nature of PsyCap, it renders a significant tool in the hands of managers to control the satisfaction and commitment of their employees. Moreover, controlling PsyCap is much easier as compared to directly controlling justice perceptions.

Observations and critique:

Positive psychology as a field of study is seen to have begun but growing at a snail pace in India. The importance of positive psychology as a subject is found to be growing with the spur of various associations like Indian association of positive psychology, national positive psychology association, etc. The acceptance of the field is also reflected in the fact that many institutions provide certification programs in positive psychology like IIT Delhi and NIMHANS Bangalore Indian institute of positive psychology. Journals specific to positive psychology is also begun though at the infancy stage.

The period of 2012 to 2015 so far has been the period during which the maximum studies are being conducted and the authors are from across the geographical locations of the country. The studies on psychological capital are done in the area of telecom, police department, educational sector etc. but majority of the studies on psychological capital in India are done in the field of information technology. It is observed that all studies done in the area of psychological capital are done using quantitative analysis adopting the PCQ24 scale by Fred Luthans.

Though many a studies mentions that the tool is not adapted to the Indian scenario less attempts have been made to develop a new scale for the measurement of psychological capital to suit the Indian scenario. Though there are studies that emphasize the importance of using qualitative methodology to understand participant experiences completely very little or even no study is reported so far on the assessment of pscap as a qualitative study in India. As the constructs of pscap are experiences by itself it would help to bring out the different angles of confidence optimism hope and resilience from a qualitative study. It is interesting to note that most of the focus of positive intervention studies has so far been on yoga or spirituality.

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Conflict of Interests

The author declared no conflict of interests.

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Spiritual Intelligence in Relation to Character Strengths and Coping Strategies among Adolescents

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ABSTRACT

In the present study, Spiritual Intelligence and its correlates were examined among adolescents in order to gain insight into the profile of spiritually intelligent adolescents. Since spirituality can be a protective factor at the tender age of adolescence, a need was felt to envisage the present study. For this purpose, 75 young adults were administered Spiritual Intelligence Self report Inventory (King, 2008), Coping Strategies Inventory (Tobin et al., 1989) and Brief Strengths Test (Peterson & Seligman, 2004). Intercorrelation analysis of all the variables and multiple regression analysis of character strengths on spiritual intelligence yielded some significant positive results. Engagement coping strategy shared a significant positive association with Spiritual Intelligence ($p < .01$). Among character strengths, Spirituality, Gratitude, Self control, Love, Bravery ($p < .01$), Appreciation of beauty, Optimism, Leadership, Forgiveness, Social intelligence, Kindness, Love of learning, Curiosity, and Critical thinking ($p < .05$) emerged as significant contributors of Spiritual Intelligence. Only Humor shared a negative association with S.I. Therefore, the findings of this study can be used to foster programmes on spiritual intelligence and its development by incorporating exercises for strength building and engagement coping mechanisms.

Keywords: *Adolescence, Spiritual Intelligence, Strengths, Coping*

Adolescence is marked by the need to seek identity, to know what one is going to take from life, what one is going to give to others and what are one's interests and ideals. In this period there might be identity crisis for those who fail to find an identity for themselves (Erikson, 1968). Spiritual intelligence can act as one of the protective factors for coping with life's major transitions and responsibilities for adolescents (Benavides, 2010). In the present paper, the following research questions were proposed:

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- Which character strengths are more highly associated with spiritual intelligence among adolescence? and
- Which coping strategies are associated with spiritual intelligence?

Definitions of Spiritual Intelligence

Spiritual intelligence is defined as a set of mental capacities which contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states (King, 2008). King and Decicco (2009) developed a model of spiritual intelligence which comprised of the following four components: a) **Critical Existential Thinking**- involves the capacity to critically contemplate meaning, purpose, and other metaphysical issues, such as, death, universe, space, time. Examining the existential purpose of life is also a trait of spirituality but what makes it different in spiritual intelligence is the aspect of *critical thinking*. Intelligence is reflected in critically thinking, analysing, experiencing, observing, reflecting and communicating's) **Personal Meaning Production**- is the ability to construct personal meaning and purpose in all the physical and mental experiences. It can be reflected in deriving purpose from daily activities, finding more creative forms of meaning production, and finding meaning from life experiences; c) **Transcendental Awareness**- involves perceiving the "transcendent dimensions of the self during normal, waking state of consciousness" (King, 2008). TA is also marked by the ability to transcend one's personal limitations and feel connected to something larger than the self, d) **Conscious State expansion**- is the ability to enter higher states of consciousness. This state of consciousness is pure consciousness, unitive consciousness and cosmic consciousness (Maslow, 1964, Bucke, 1969). It can be achieved through prayer, chanting or meditation by some. Spiritual intelligence is the expression of innate spiritual qualities through your thoughts, actions and attitude (Shivani, 2011).

Difference between being Spiritual and Spiritual Intelligence

In order to understand spiritual intelligence, it is essential to distinguish it from spirituality for further conceptual clarity. Having Intelligence is to use what you know in the right way at the right time in the right place with the right intention. For example, if one 'knows' him self as a spiritual being he will also 'know' that he does not own or possess anything. When something in life is damaged or lost, it does not affect one in any way – he/she is able to use spiritual power to accept and move on. In effect - one is able to draw on the inner spiritual strength.

Spirituality	Spiritual Intelligence
Spirituality is to know who you are	Spiritual Intelligence is to realise who you are and to live in that awareness
Spirituality is the knowledge of oneself as a spirit and understanding highest spiritual	Spiritual Intelligence is the expression of these innate spiritual qualities through one's

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Spirituality	Spiritual Intelligence
qualities such as unconditional love, peace, purity and bliss	thoughts, attitudes and behaviours
Being spiritual means the ego has dissolved	Spiritual intelligence is using this spiritual knowledge for the upliftment of others

(Shivani, 2011)

Spiritual intelligence in adolescence

Due to the emergence of abstract reasoning, spiritual capacities expand in this stage of life. Individuals in the age range of 17-30 years develop meaning making abilities and become more aware of their purpose of existence (Parks, 2000). Spiritual intelligence increases with age (Lehmann et al., 2001) but the foundation can be laid at any stage depending on the awareness and life experiences of the individual.

Character Strengths

A “strength” is “a capacity for feeling, thinking, and behaving in a way that allows optimal functioning in the pursuit of valued outcomes” (Snyder & Lopez, 2007). *Character strengths* are the psychological ingredients—processes or mechanisms—that define the virtues (Peterson & Park, 2003). That is, character strengths are distinguishable routes to displaying one or another of the virtues. For example, the virtue of spirituality can be achieved through strengths such as humour, hope, gratitude and appreciation of beauty.

Six broad categories of character strengths emerged from Peterson and Seligman’s work (2004), namely, **Wisdom**(creativity, curiosity, open-mindedness, love of learning and perspective), **Courage** (bravery, persistence, integrity and vitality), **Humanity** (love, kindness and social intelligence), **Temperance** (forgiveness, prudence, humility and self regulation), and **Transcendence**(appreciation of beauty, gratitude, hope, humor and spirituality).

Coping Strategies

Folkman and Lazarus (1985) defined coping strategies as constantly changing **cognitive** and **behavioural** efforts to manage the specific external or internal demands that are appraised as taxing or exceeding the resources of the person. Coping strategies are used to minimise stressful events and their corresponding effects. Tobin et al. (1989) gave two measures of coping such as **Engagement** and **Disengagement** coping strategies. Engagement coping strategy is characterised by active involvement in problem resolution through problem solving, cognitive restructuring, expressing emotions and social support. Disengagement coping strategy is characterised by disengaging from the stressful situations. On an average, it is considered to be an unhealthy way of dealing with problems. It involves the use of problem avoidance, wishful thinking, self criticism and social withdrawal coping strategies.

Spiritual Intelligence and Coping strategies

Spiritually intelligent cope with crisis by setting things in a sense of perspective, admitting mistakes and adversities, peacefully submitting themselves to the will of Higher God, finding a sense of purpose in crisis and by showing bravery to adjust and by being self reliant (Zohar & Marshall, 2000).

Peaceful surrender to God requires one to be ego free, self aware, humble and calm (Hosseini et al., 2010). Dada et al. (2013) found that women who were spiritually intelligent used more of problem focused coping strategies as compared to women lower on spiritual intelligence. However, the results are contradictory as Sally (2006) found S.I to be strongly related to emotion focused coping strategy as compared to problem focused styles. Therefore, this finding supported the closer association between emotional intelligence and spiritual intelligence as a possibility.

Spiritual Intelligence and Character Strengths

As far as spirituality has been concerned, it is included as a virtue in the VIA list of character strengths under the category of Transcendence (Peterson & Seligman, 2004). However, spiritual intelligence and its relations with character strengths have been unexplored. Based on the definitions and conceptualisation of spiritually intelligent people, the following strengths have been inferred: a) *Love, forgiveness and critical thinking (as seen in the dimensions of critical existential thinking)* (King & Decicco, 2009). According to the religious philosophies, spiritually intelligent people are high on b) *grace, forgiveness, gratitude and honesty*; c) According to Wigglesworth (2002) commonly used descriptors for spiritual leaders are: *loving, kind, forgiving, peaceful, courageous, honest, generous, persistent, faithful, wise and inspiring*.

Hypotheses:

Based on the review of literature the following hypotheses were proposed:-

- 1) It is expected that Spiritual Intelligence and its dimensions viz., Critical Existential Thinking, Personal Meaning Production, Transcendental Awareness and Conscious State Expansion will be a) positively related to Engagement coping strategies and b) negatively related to disengagement coping strategies
- 2) It is expected that Spiritual Intelligence and its dimensions will be positively related to Character Strengths.

METHOD

Sample

Respondents comprised of 75 adolescents (M age=17, S.D = 4.32) who were randomly selected from two government colleges of Chandigarh. The sample comprised of 40 females and 35 males who were students of humanities stream. There was a preponderance of participants belonging to middle socio economic status. 55% of the sample was from Chandigarh, 25% of the sample from Panchkula and 20% of the sample resided in Mohali. 52% of the participants

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followed Hinduism, 26% followed Sikhism, 10% belonged to Islam and the remaining 12% did not show any religious affiliation and chose spirituality as their only religious belief.

Procedure

A list of students was obtained from their respective colleges and classrooms. 80 students were randomly selected out of which 5 did not show any willingness to participate. Thus, 75 volunteers were finally chosen. They were ensured their confidentiality. Informed consent of the participants was taken. The administration of the tests took 1 hour. In exchange refreshments and small gifts were given.

Measures

Spiritual Intelligence-was measured using The Spiritual Intelligence Self-Report Inventory (King, 2008). SISRI-24 is a self report inventory consisting of 24 items that measure 4 Subscales/Factors namely: Critical Existential Thinking (CET; 7 items), Personal Meaning Production (PMP; 5 items), Transcendental Awareness (TA; 7 items), Conscious State Expansion (CSE; 5 items), and Total Spiritual Intelligence Score. The respondent had to circle the answer that seemed the best for that statement from 0 = Not at all true to me to 4 = completely true of me.

The Cronbach's alpha Reliabilities for the scales were- .88, .87, .89, .94 (CET, PMP, TA, and CSE, respectively). Average inter item correlations was .41, .47, .47, and .59. Construct validity, convergent validity, and divergent validity were well supported overall (King, 2008). SI was more significantly related to Intrinsic Religiosity (sincere adherence to the religious beliefs) than Extrinsic Religiosity (using religion for personal motive like socializing). No significant correlations were found between SI and IQ, ruling out IQ as a confounding variable.

Coping- was measured using 72-item self report Coping Strategies Inventory by Tobin et al. (1989). The format of the CSI is adapted from Lazarus "Ways of coping" questionnaire (Folkman & Lazarus, 1984). Subjects were required to describe in a paragraph or two, the events of a stressful episode in Appendix A. After describing the event, they were required to respond to the items in Appendix B by choosing one option out of the 5 options available (none, a little, some, much and very much) keeping in mind the way they dealt with the event described in appendix A. Tertiary subscales of the inventory were used for the present study. These subscales gave a measure of ***engagement*** and ***disengagement coping strategies***.

Engagement subscale included problem solving, cognitive restructuring, social support and expressing emotions strategies whereas disengagement subscale included problem avoidance, wishful thinking, social withdrawal and self criticism as its measures. All the 14 subscales were not selected in order to avoid the problem of collinearity between the scales.

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The alpha coefficients for CSI range from .71 to .94 (Tobin et al., 2001). In the manual alpha coefficients of .90 and .89 and test-retest reliabilities of .78 and .79 have been reported for engagement and disengagement scales, respectively. Further, the scale has high criterion and construct validity.

Character strengths- were measured using Brief Strengths Test. This test was derived from a much longer 240-item VIA Signature Strengths inventory (Peterson & Seligman, 2004). Scores from shorter test had been found to converge with scores derived from the longer test at approximately $r=.50$ (Price, 2007). Respondents were asked to think of actual situations in which they had shown that particular strength in the statement and choose one option from the 5 options (never/rarely, occasionally, half the time, usually, and always).

Statistical Analysis

Means and S.Ds for each variable were computed. Pearson's product moment correlation analysis was done for all the 31 variables. Multiple regression analysis was run to find out the significant contributors of spiritual intelligence, with S.I being the dependent variable and character strengths being the independent variable. Only those variables of character strengths were entered into the multiple regression equation which had significant correlations with S.I in the correlational analysis. The entire statistical analysis was computed through SPSS 16.0.

RESULTS

Descriptive statistics of Means and Standard Deviations have been shown in table 1. Correlation analysis and multiple regression results are shown in table 2 and 3.

Bivariate correlation results:

Spiritual intelligence and coping strategies:

Correlational analysis revealed a significant positive association between spiritual intelligence and engagement coping strategies ($p<.01$). Therefore, hypothesis 1.A has been accepted. Amongst the dimensions of spiritual intelligence, Critical existential thinking, Personal meaning production and Transcendental awareness showed a positive association with engagement coping strategy. Part B of hypothesis 1 did not come out to be significant as disengagement coping strategy did not show a negative association with S.I and its dimensions. Rather the correlation turned out to be close to zero ($r=0.05$).

Spiritual intelligence and character strengths:

Hypothesis 2 has been accepted for 14 out of 24 character strengths. Spirituality, Gratitude, Self control, Love, Bravery ($p<.01$), Appreciation of beauty, Optimism, Leadership, Forgiveness, Social intelligence, Kindness, Love of learning, Curiosity, Critical thinking ($p<.05$) emerged as significant positive correlates of Spiritual Intelligence. Only Humor ($p<.05$) showed a negative relationship with S.I.

Multiple Linear Regression analysis

Multiple linear regression analysis was used to develop a model for predicting Character Strengths from the subject's Spiritual Intelligence scores. Regression coefficients are shown in table 3 for model 1 (Strengths). Multiple regression model with all 14 predictors produced $R=.48$, $R^2=.23$, $F(14,61)=19.08$, $p<.000$. The character strengths of spirituality, gratitude, self control, love, bravery, appreciation of beauty, optimism, leadership, forgiveness, social intelligence, kindness, love of learning, curiosity, critical thinking entered the final model at a significant level. Therefore 23% of the variance in S.I is accounted by the above mentioned 14 character strengths.

DISCUSSION

From the results of engagement coping strategy and S.I. it is clear that spiritually intelligent adolescents actively participate in solving problems (emotional and problem focussed). In terms of the dimensions of S.I, it may be inferred that engagement coping style is related to finding a personal meaning of life, and being able to transcend one's personal boundaries, limitations and egos. Therefore, they are able to actively deal with stressors.

The result showing close to zero association of S.I. with disengagement coping strategy implies that it may not be necessary for spiritually intelligent adolescents to avoid disengaging coping strategies. It rather suggests that spiritual intelligence might also require one to take a distant view from the problem. This may happen in situations when one has to accept suffering and suffering is inevitable and unavoidable. In these moments of hardships spiritually intelligent people might show total disengagement and may either leave the solution into the hands of the divine energy or not get ego identified with the event. They are capable of accepting loss. According to Carver et al. (1989) disengagement or avoidant coping styles are not always undesirable. In some circumstances their usage is healthy and required. However, these findings may not be necessary across all the age groups and gender. Since, the present study studies only the late adolescent age group, further investigation of developmental differences in spiritual intelligence and corresponding coping mechanisms needs to be found out.

Considering the dimension of Critical existential thinking and its significant association with disengagement coping strategy, it can be inferred that critically contemplating the purpose and meaning of our existence might provide one with a lot of time to engage in contemplation, thus taking hands of dealing with the problem actively for a while. Positive association with Personal Meaning Production also suggests that without an active engagement one may not be able to achieve the personal meaning making aspect of spiritual intelligence.

In terms of character strengths it can be said that spiritually intelligent people possess various virtues which make them forgive others, love others, exhibit kindness and self control in everyday acts, appreciate the beauty of divine order, face obstacles persistently, be able to lead

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wisely, think critically, be able to remain optimistic about life, and have good understanding of other people through the virtue of social intelligence. Negative association of humor with S.I. has been a contradictory finding in the current study. Prior studies have revealed a positive association between humor and spirituality (Saraglou et al., 2008; Van Cappellen et al., 2013).

Therefore, the current study provides some insight into the profile of spiritually intelligent adolescents, and secondly, a suggestive step towards the inculcation of these virtues in order to facilitate overall spiritual development. The findings of this study can be used foster programmes on spiritual intelligence and its development by incorporating exercises for strength building and engagement coping mechanisms.

LIMITATIONS AND FUTURE DIRECTIONS

Firstly, keeping in view the differences in coping strategies used by different age groups, it would be required to study whether spiritually intelligent individuals of different age group would also show the same characteristics. This addition of another age group might throw some light on age group differences in spiritual intelligence. Secondly, based on the findings it is suggested to further understand in which situations spiritually intelligent individuals show disengagement coping strategy. Thirdly, instead of using the brief strengths survey, more accurate description of the association between character strengths and spiritual intelligence can be known by using the longer version of VIA character strength inventory. Fourthly, either spiritual intelligence requires certain virtues or it could also be a consequence of the above mentioned virtues and coping mechanisms. To obtain further clarity one needs to assess as to which variable is the cause and which one is the effect.

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Conflict of Interests

The author declared no conflict of interests.

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Spiritual Intelligence in Relation to Character Strengths and Coping Strategies among Adolescents

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Table 1. Descriptive Statistics for Spiritual Intelligence, Character Strengths and Coping Strategies (n=75)

Variables	M	S.D
<i>Spiritual Intelligence dimensions</i>		
Critical Existential Thinking	14.79	4.63
Personal Meaning Production	12.63	3.33
Transcendental Awareness	16.00	4.43
Conscious State Expansion	10.60	4.06
Total Spiritual Intelligence	54.15	12.59
<i>Character Strengths</i>		
Appreciation of Beauty	4.00	1.10
Optimism	3.90	1.31
Humor	3.90	0.91
Spirituality	4.32	1.08
Gratitude	4.32	1.08
Prudence	2.79	1.37
Self control	3.61	1.33
Leadership	3.21	1.50
Modesty	3.19	1.51
Fairness	3.19	1.65
Forgiveness	4.23	1.08
Love	4.22	1.01
Social Intelligence	3.54	1.39
Honesty	3.43	1.38
Teamwork	3.85	1.44
Kindness	4.06	1.18
Zest	3.64	1.28
Persistence	2.91	1.42
Bravery	3.90	1.26
Perspective	3.90	1.36
Love of learning	3.40	1.46
Creativity	3.25	1.22
Curiosity	3.50	1.45
Critical Thinking	3.40	1.32
<i>Coping Strategies</i>		
Engagement	115.66	21.06
Disengagement	102.72	18.83

Table 2. Correlations between Spiritual Intelligence (its dimensions), Character Strengths and Coping Strategies (n=75)

VARIABLES	TOTAL S.I	CET	PMP	TA	CSE
Engagement coping	.32**	.21*	.26**	.23*	.07
Disengagement coping	.05	.32**	-.15	.00	.03
Appreciation of Beauty	.23*	.16	.08	.23*	.06
Optimism	.23*	.04	.27**	.24*	.17
Humor	-.20*	-.25*	.08	-.20*	.23*
Spirituality	.26**	.10	.25*	.36**	.25*
Gratitude	.31**	.33**	.23*	.43**	.18*
Prudence	.14	.11	.30**	.02	.24*
Self control	.28**	.05	.17	.22*	.37**
Leadership	.20*	-.20*	.06	.06	.07
Modesty	.11	.04	.01	.23*	.00
Fairness	.10	.00	.12	.04	.24*
Forgiveness	.24*	.33**	.00	.18*	.00
Love	.26**	.23*	.04	.05	.34**
Social Intelligence	.20*	.09	.12	.21*	.20*
Honesty	.09	.07	.00	.13	.21*
Teamwork	.03	-.20*	.17	.06	.04
Kindness	.20*	.26**	.35**	.17	.02
Zest	-.12	-.23*	.08	.20*	.03
Persistence	.05	.09	.05	.17	-.22*
Bravery	.38**	.22*	.12	.27*	.39**
Perspective	.14	.12	.14	.16	.15
Love of learning	.18*	.07	.34**	.08	.23*
Creativity	.06	.01	.04	.10	-.12
Curiosity	.19*	.05	.39**	.15	.13
Critical Thinking	.18*	.06	.19*	.15	.09

*pearson's correlation value significant at 0.05 level = .18, ** pearson's correlation value significant at 0.01 level = .26, SI= Spiritual Intelligence, CET= Critical existential thinking, PMP= Personal Meaning Production, TA = Transcendental awareness, CSE= conscious state expansions

Table 3. Multiple Regression of Character Strengths on Spiritual Intelligence

Multiple R	0.48
R square	0.23
Adjusted R square	0.21
Standard error	11.03
F	19.08
Significance of F (p)	0.000

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